| Fill in this information to identify your case: |                                                                           |                                      |
|-------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------|
| United States Bankruptcy Court for the :        |                                                                           |                                      |
| NORTHERN District of ILLINOIS (State)           |                                                                           |                                      |
| Case Number (If known):                         | Chapter you are filing under:  Chapter 7 Chapter 11 Chapter 12 Chapter 13 | ☐ Check if this is an amended filing |

## Official Form 101

#### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together-called a joint case-and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1:            | Identify Yourself                                                                           |                            |                                               |
|-----|-----------------|---------------------------------------------------------------------------------------------|----------------------------|-----------------------------------------------|
|     |                 |                                                                                             | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.  | Your f          | ull name                                                                                    |                            |                                               |
|     | governi         | ne name that is on your<br>ment-issued picture<br>cation (for example,<br>iver's license or | Kelli First name Renee     | First name                                    |
|     | passpo          |                                                                                             | Middle name  Hardia        | Middle name                                   |
|     | identific       | our picture cation to your meeting etrustee.                                                | Last name                  | Last name                                     |
|     |                 |                                                                                             | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |
| 2.  |                 | ner names you                                                                               |                            |                                               |
|     | have u<br>years | used in the last 8                                                                          | First name                 | First name                                    |
|     |                 | your married or names.                                                                      | Middle name                | Middle name                                   |
|     |                 |                                                                                             | Last name                  | Last name                                     |
|     |                 |                                                                                             | First name                 | First name                                    |
|     |                 |                                                                                             | Middle name                | Middle name                                   |
|     |                 |                                                                                             | Last name                  | Last name                                     |
| 3.  | -               | he last 4 digits of<br>Social Security                                                      | xxx - xx - <u>7029</u>     | xxx - xx                                      |
|     | Individ         | r or federal<br>ual Taxpayer                                                                | OR                         | OR                                            |
|     | Identifi        | cation number                                                                               | <b>9</b> xx - xx           | <b>9</b> xx - xx                              |

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Document Hardia Kelli Renee Debtor 1 Case Number (if known) \_

|                       |                                                                                                                                     | About Debtor 1:                                                                                                                                                                                   | About Debtor 2 (Spouse Only in a Joint Case):                                                                                                                                                 |
|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| and Ide<br>(EI<br>the | ny business names Id Employer entification Numbers IN) you have used in e last 8 years Clude trade names and hing business as names | Business name  Business name  EIN  EIN                                                                                                                                                            | Business name  Business name  EIN  EIN                                                                                                                                                        |
| 5. <b>W</b> ł         | here you live                                                                                                                       | 22811 Southbrook Dr  Number Street  Sauk Village IL 60411 City State ZIP Code  COOK County                                                                                                        | If Debtor 2 lives at a different address:  Number Street  City State ZIP Code  County                                                                                                         |
|                       |                                                                                                                                     | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.  Number Street  P.O. Box  City State ZIP Code | If Debtor 2's mailing address is different from the one above, fill it in here. Note that the court will send any notices this mailing address.  Number Street  P.O. Box  City State ZIP Code |
| thi                   | hy you are choosing<br>is district to file for<br>inkruptcy.                                                                        | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408           | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408       |

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Document Hardia Kelli Renee Debtor 1 Case Number (if known)

| Pa  | Tell the Court About You                                                                                                                                                                                                                           | ır Bankruptcy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Case                                                                        |                        |                                                           |  |  |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|------------------------|-----------------------------------------------------------|--|--|
| 7.  | 7. The chapter of the Bankruptcy Code you  Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                             |                        |                                                           |  |  |
|     | are choosing to file                                                                                                                                                                                                                               | ■ Chapter 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |                        |                                                           |  |  |
|     | under                                                                                                                                                                                                                                              | Chapter 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                             |                        |                                                           |  |  |
|     |                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                             |                        |                                                           |  |  |
|     |                                                                                                                                                                                                                                                    | Chap                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | oter 13                                                                     |                        |                                                           |  |  |
| 8.  | How you will pay the fee                                                                                                                                                                                                                           | <ul> <li>I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.</li> <li>☐ I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A).</li> <li>I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition.</li> </ul> |                                                                             |                        |                                                           |  |  |
| Э.  | Have you filed for bankruptcy within the last 8 years?                                                                                                                                                                                             | ■ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | District None                                                               | When                   | Case Number                                               |  |  |
|     |                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | District None                                                               | When                   | Case Number                                               |  |  |
|     |                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                             |                        | MM / DD / YYYY                                            |  |  |
|     |                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | District                                                                    | When                   | Case Number                                               |  |  |
|     |                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                             |                        | MM / DD / YYYY                                            |  |  |
| 10. | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business parter, or by                                                                                                                   | ■ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                             |                        | Relationship to you Case Number, if known  MM / DD / YYYY |  |  |
|     | affiliate?                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Debtor                                                                      |                        | Relationship to you                                       |  |  |
|     |                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                             |                        | Case Number, if known                                     |  |  |
|     |                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                             |                        | MM / DD / YYYY                                            |  |  |
| 11. | Do you rent your residence?                                                                                                                                                                                                                        | ■ No.<br>□ Yes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | residence?                                                                  |                        | nt against you and do you want to stay in your            |  |  |
|     |                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ☐ No. Go to line 12.<br>☐ Yes. Fill out <i>Initia</i><br>this bankruptcy pe | l Statement About an E | viction Judgment Against You (Form 101A) and file it with |  |  |

| Debtor | Case 17-113  Kelli First Name                                                                                                                                                                                                                                                                                           | 13 Doc<br>Renee                               | 1 Filed 04/10<br>Docume<br>Hardia<br>Last Name                                                                                                                                | ent Page 4 of 60                                                                                                                                                                                                                                             | 0/17 15:27:10 use Number (if known)                                                                             | Desc Main                                                 |  |
|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|--|
| Pari   | Report About Any Busi                                                                                                                                                                                                                                                                                                   | nesses You Ow                                 | n as a Sole Proprietor                                                                                                                                                        |                                                                                                                                                                                                                                                              |                                                                                                                 |                                                           |  |
| 12.    | Are you a sole proprietor of any full- or part-time business?  A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnerhsip, or LLC.  If you have more than one sole proprietorship, use a separate sheed and attach it to this petition.    | ■ No.<br>□ Yes.                               | Go to Part 4.  Name and location of business, if any  Number Street                                                                                                           | pusiness                                                                                                                                                                                                                                                     |                                                                                                                 |                                                           |  |
|        |                                                                                                                                                                                                                                                                                                                         |                                               | ☐ Health Care Busi ☐ Single Asset Rea ☐ Stockbroker (as o                                                                                                                     | box to describe your business: iness (as defined in 11 U.S.C. § 10 al Estate (as defined in 11 U.S.C. § defined in 11 U.S.C. § 101(53A)) er (as defined in 11 U.S.C. § 101(6                                                                                 | § 101(51B))                                                                                                     | Zip Code                                                  |  |
|        | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? For a definition of small business debtor, see 11 U.S.C. § 101(51D).                                                                                                                                                        | appropria balance s document No. I No. I Yes. | te deadlines. If you indice heet, statement of operates do not exist, follow the am not filing under Chapter the Bankruptcy Code.  I am filing under Chapter Bankruptcy Code. | the court must know whether you ate that you are a small business ations, cash-flow statement, and fer procedure in 11 U.S.C. § 1116(1) pter 11.  11, but I am NOT a small business of 11 and I am a small business deterty That Needs Immediate Attentions. | debtor, you must attach ederal income tax return of (B).  ss debtor according to the btor according to the defi | your most recent<br>or if any of these<br>e definition in |  |
| 14.    | Do you own or have any property that poses or is alleged to pose a threat of imminent and indentifiable hazard to public health or safety? Or do you own any property that needs immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? |                                               | What is the hazard?  If immediate attention is                                                                                                                                | needed, why is it needed?                                                                                                                                                                                                                                    |                                                                                                                 |                                                           |  |

Number

City

Street

Where is the property? \_

State

ZIP Code

Debtor 1

Kelli Renee Document Hardia

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Case Number (if known)

Part 5:

Explain Your Efforts to

Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

| About Debtor 1:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | About Debtor 2 (Spouse Only in a Joint Case):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| You must check one:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | You must check one:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.                                                                                                                                                                                                                                                                                                                                                          | I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.                                                                                                                                                                                                                                                                                                                                                          |
| Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.                                                                                                                                                                                                                                                                                                                                                                                                                                | Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.                                                                                                                                                                                                                                                                                                                                                                                                                                |
| I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.                                                                                                                                                                                                                                                                                                                                                       | I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.                                                                                                                                                                                                                                                                                                                                                       |
| Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.                                                                                                                                                                                                                                                                                                                                                                                                         | Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.                                                                                                                                                                                                                                                                                                                                                                                                         |
| I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.                                                                                                                                                                                                                                                                                   | I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.                                                                                                                                                                                                                                                                                   |
| To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.                                                                                                                                                                                                                                                        | To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.                                                                                                                                                                                                                                                        |
| Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.  Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. | Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.  Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. |
| I am not required to receive a briefing about credit counseling because of:                                                                                                                                                                                                                                                                                                                                                                                                                                                       | I am not required to receive a briefing about credit counseling because of:                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.                                                                                                                                                                                                                                                                                                                                                                                      | Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.                                                                                                                                                                                                                                                                                                                                                                                      |
| Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.                                                                                                                                                                                                                                                                                                                                                      | Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.                                                                                                                                                                                                                                                                                                                                                      |
| Active duty. I am currently on active military                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Active duty. I am currently on active military                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a

motion for waiver of credit counseling with the court.

duty in a military combat zone.

If you believe you are not required to receive a

briefing about credit counseling, you must file a

motion for waiver of credit counseling with the court.

Document Hardia Renee Kelli

Debtor 1

Page 6 of 60 Case Number (if known)

|     | i list Hallic                                                                  | Wildle Name Last Name                                                                                                                                                                                                           |                                                                                                                |                                                          |  |  |  |
|-----|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--|--|--|
| Pai | Answer These Questions                                                         | for Reporting Purposes                                                                                                                                                                                                          |                                                                                                                |                                                          |  |  |  |
| 16. | What kind of debts do you have?                                                | 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."  No. Go to line 16b.  Yes. Go to line 17. |                                                                                                                |                                                          |  |  |  |
|     |                                                                                | 16b. <b>Are your debts primarily business debts?</b> <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.                     |                                                                                                                |                                                          |  |  |  |
|     |                                                                                | □No. Go to line 16c.<br>□Yes. Go to line 17.                                                                                                                                                                                    |                                                                                                                |                                                          |  |  |  |
|     |                                                                                | 16c. State the type of debts you o                                                                                                                                                                                              | owe that are not consumer debts or business                                                                    | debts.                                                   |  |  |  |
| 17. | Are you filing under Chapter 7?                                                | No. I am not filing under Cl                                                                                                                                                                                                    | napter 7. Go to line 18.                                                                                       |                                                          |  |  |  |
|     | Do you estimate that after any exempt property is                              |                                                                                                                                                                                                                                 | er 7. Do you estimate that after any exempt per any exempt per are paid that funds will be available to distri |                                                          |  |  |  |
|     | excluded and administrative expenses                                           | ■No.<br>□Yes.                                                                                                                                                                                                                   |                                                                                                                |                                                          |  |  |  |
|     | are paid that funds will be available for distribution to unsecured creditors? |                                                                                                                                                                                                                                 |                                                                                                                |                                                          |  |  |  |
| 18. | How many creditors do you estimate that you                                    | ■ 1-49<br>□ 50-99                                                                                                                                                                                                               | ☐ 1,000-5,000<br>☐ 5,001-10,000                                                                                | ☐ 25,001-50,000<br>☐ 50,001-100,000                      |  |  |  |
|     | owe?                                                                           | ☐ 100-199<br>☐ 200-999                                                                                                                                                                                                          | 10,001-25,000                                                                                                  | ☐ More than 100,000                                      |  |  |  |
| 19. | How much do you estimate your assets to                                        | \$0-\$50,000<br>\$50,001-\$100,000                                                                                                                                                                                              | \$1,000,001-\$10 million \$10,000,001-\$50 million                                                             | □\$500,000,001-\$1 billion □\$1,000,000,001-\$10 billion |  |  |  |
|     | be worth?                                                                      | ■ \$100,001-\$500,000 □ \$500,001-\$1 million                                                                                                                                                                                   | \$50,000,001-\$100 million \$100,000,001-\$500 million                                                         | \$10,000,000,001-\$50 billion  More than \$50 billion    |  |  |  |
| 20. | How much do you estimate your liabilities                                      | \$0-\$50,000<br>\$50,001-\$100,000                                                                                                                                                                                              | \$1,000,001-\$10 million \$10,000,001-\$50 million                                                             | \$500,000,001-\$1 billion                                |  |  |  |
|     | to be?                                                                         | ■ \$100,001-\$100,000 □ \$500,001-\$1 million                                                                                                                                                                                   | \$50,000,001-\$50 million \$100,000,001-\$500 million                                                          | ☐ \$10,000,000,001-\$50 billion ☐ More than \$50 billion |  |  |  |
| Pai | rt 7: Sign Below                                                               | <b>3</b> \$500,001-\$1 Hillion                                                                                                                                                                                                  | ☐ \$100,000,001-\$300 Hillion                                                                                  | More than \$50 billion                                   |  |  |  |
| For | you                                                                            | I have examined this petition, and correct.                                                                                                                                                                                     | I declare under penalty of perjury that the info                                                               | ormation provided is true and                            |  |  |  |
|     |                                                                                |                                                                                                                                                                                                                                 | oter 7, I am aware that I may proceed, if eligib<br>inderstand the relief available under each cha             | · · · · · · · · · · · · · · · · · · ·                    |  |  |  |
|     |                                                                                |                                                                                                                                                                                                                                 | did not pay or agree to pay someone who is d read the notice required by 11 U.S.C. § 342                       | ·                                                        |  |  |  |
|     |                                                                                | I request relief in accordance with                                                                                                                                                                                             | the chapter of title 11, United States Code, sp                                                                | pecified in this petition.                               |  |  |  |
|     |                                                                                | _                                                                                                                                                                                                                               | nent, concealing property, or obtaining money<br>in fines up to \$250,000, or imprisonment for u<br>d 3571.    |                                                          |  |  |  |
|     |                                                                                | /s/ Kelli Renee Hardia Signature of Debtor 1                                                                                                                                                                                    |                                                                                                                | ature of Debtor 2                                        |  |  |  |
|     |                                                                                | Executed on04/10/2017                                                                                                                                                                                                           | Z Exec                                                                                                         | uted on                                                  |  |  |  |

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| Debtor 1 | Kelli      | Renee       | Hardia    | Case Number (if known) |
|----------|------------|-------------|-----------|------------------------|
|          | Firet Name | Middle Name | Last Name |                        |

For your attorney, if you are represented by one

if you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| 🗶 /s/ Jon Kurt Clasing           | Date    | Date: 04/10/2017  |                       |
|----------------------------------|---------|-------------------|-----------------------|
| Signature of Attorney for Debtor | Dute    | MM / DD / YYY     | Υ                     |
| Jon Kurt Clasing                 |         |                   |                       |
| Printed name                     |         |                   | _                     |
| Geraci Law L.L.C.                |         |                   |                       |
| Firm name                        |         |                   | _                     |
| 55 E. Monroe St., #3400          |         |                   |                       |
|                                  |         |                   |                       |
| Number Street                    |         |                   |                       |
| Number Street                    |         |                   | _                     |
| Number Street  Chicago           | IL      | 60603             | _                     |
| Chicago                          | ILState | 60603<br>ZIP Code | _                     |
|                                  | State   |                   | _<br>-<br>racilaw.com |
| Chicago<br>City                  | State   | ZIP Code          | <br>racilaw.com       |

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| Fill in this information to identify your case: |                      |                                       |                  |  |  |
|-------------------------------------------------|----------------------|---------------------------------------|------------------|--|--|
| Debtor 1                                        | Kelli                | Renee                                 | Hardia           |  |  |
|                                                 | First Name           | Middle Name                           | Last Name        |  |  |
| Debtor 2                                        | -                    |                                       |                  |  |  |
| (Spouse, if filing)                             | First Name           | Middle Name                           | Last Name        |  |  |
| United States                                   | Bankruptcy Court for | for the : <u>NORTHERN</u> District of | ILLINOIS (State) |  |  |
| Case Number                                     |                      |                                       |                  |  |  |
|                                                 |                      |                                       |                  |  |  |

## Official Form 106Sum

#### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

if this is an

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| 1. Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1a. Copy line 55, Total real estate, from Schedule A/B                                                                                                                                                |
| 1c. Copy line 63, Total of all property on Schedule A/B \$222,618  Summarize Your Liabilities                                                                                                         |
| Summarize Your Liabilities                                                                                                                                                                            |
|                                                                                                                                                                                                       |
|                                                                                                                                                                                                       |
| Vous lighilities                                                                                                                                                                                      |
| Amount you owe                                                                                                                                                                                        |
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            |
|                                                                                                                                                                                                       |
| Part 3: Summarize Your Liabilities                                                                                                                                                                    |
| 4. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I                                                                                          |
| 5. Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J                                                                                              |

Document Kelli Renee Case Number (if known) \_ Debtor 1

Last Name

| Part 4:         | Answer These Questions for Administrative and Statistical Records                                                                                                                                                                                                                                                                                                                                                                                                                              |              |  |  |  |  |  |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--|--|--|--|--|
| _               | Are you filing for bankruptcy under Chapter 7, 11 or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  Yes                                                                                                                                                                                                                                                                                            |              |  |  |  |  |  |
| Your famil      | <ul> <li>7. What kind of debt do you have?</li> <li>Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.</li> <li>Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.</li> </ul> |              |  |  |  |  |  |
|                 | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.  \$4,822.55                                                                                                                                                                                                                                                                                                       |              |  |  |  |  |  |
| 9. Copy the     | e following special categories of claims from Part 4, line 6 of <i>Schedule E/F</i> :                                                                                                                                                                                                                                                                                                                                                                                                          | Total claim  |  |  |  |  |  |
| From P          | art 4 of Schedule E/F, copy the following:                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |  |  |  |  |  |
| 9a. Dom         | estic support obligations (Copy line 6a.)                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$_0.00      |  |  |  |  |  |
| 9b. Taxe        | es and certain other debts you owe the government. (Copy line 6b.)                                                                                                                                                                                                                                                                                                                                                                                                                             | \$_0.00      |  |  |  |  |  |
| 9c. Clain       | ns for death or personal injury while you were intoxicated. (Copy line 6c.)                                                                                                                                                                                                                                                                                                                                                                                                                    | \$_0.00      |  |  |  |  |  |
| 9d. Stud        | 9d. Student loans. (Copy line 6f.) \$ 43,246.00                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |  |  |  |  |  |
|                 | 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)                                                                                                                                                                                                                                                                                                                                                                   |              |  |  |  |  |  |
| 9f. Debt        | s to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                                                                                                                                                                                                                                                                                                                                                                                                 | \$_0.00      |  |  |  |  |  |
| 9g. <b>Tota</b> | I. Add lines 9a through 9f.                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$_43,246.00 |  |  |  |  |  |

First Name

Middle Name

| Fill in this in     | formation to identi        | 11212<br>fy your case | and this filing |                                                                               | ored 04/10/17<br>0 of 60 | 15:27:1   | .0 Desc                               | Main          |                          |
|---------------------|----------------------------|-----------------------|-----------------|-------------------------------------------------------------------------------|--------------------------|-----------|---------------------------------------|---------------|--------------------------|
| Debtor 1            | Kelli                      | F                     | Renee           | Hardia                                                                        |                          |           |                                       |               |                          |
|                     | First Name                 | Mi                    | iddle Name      | Last Name                                                                     |                          |           |                                       |               |                          |
| Debtor 2            |                            |                       |                 |                                                                               |                          |           |                                       |               |                          |
| (Spouse, if filing) | First Name                 | Mi                    | iddle Name      | Last Name                                                                     |                          |           |                                       |               |                          |
| United States       | Bankruptcy Court for t     | he : <u>NORT</u>      | HERN District   | <del>_</del>                                                                  |                          |           |                                       |               |                          |
| Case Number         |                            |                       |                 | (State)                                                                       |                          |           |                                       | Check if th   | nis is an                |
| (If known)          |                            |                       |                 |                                                                               |                          |           | ;                                     | amended       | filing                   |
| official F          | orm 106A/E                 | <u>3</u>              |                 |                                                                               |                          |           |                                       |               |                          |
| chedul              | e A/B: Pro                 | perty                 |                 |                                                                               |                          |           |                                       |               | 12/15                    |
| 1. Do you ow        |                            |                       |                 | her Real Esate You Own or Have an In<br>any residence, building, land, or sin |                          |           |                                       |               |                          |
| No. Yes.            | Describe                   |                       |                 |                                                                               |                          |           |                                       |               |                          |
| _                   |                            |                       |                 | What is the property? Check all tha                                           | at apply.                |           | educt secured clair                   |               |                          |
| 22811 So            | uthbrook Dr                |                       |                 | Single-family home                                                            |                          |           | unt of any secured<br>Who Have Claims |               |                          |
| Street addre        | ess, if available, or othe | er description        |                 | Duplex or multi-unit building                                                 |                          |           |                                       | ·             | , ,                      |
|                     |                            |                       |                 | Condominium or cooperative                                                    |                          | entire pr | value of the operty?                  |               | value of the<br>you own? |
| Souk Villa          | 190                        | IL                    | 60411           | Manufactured or mobile home  Land                                             |                          |           | 106 040 00                            |               | 09 470 00                |
| Sauk Villa<br>City  | ige<br>                    | State                 | ZIP Code        | Investment property                                                           |                          | \$        | 196,940.00                            | \$            | 98,470.00                |
| ,                   |                            |                       |                 | Timeshare                                                                     |                          | Danasila  | . 41                                  |               | - b-:                    |
| County              |                            |                       |                 | Other                                                                         |                          |           | the nature of y<br>(such as fee sim   |               | -                        |
|                     |                            |                       |                 | Who has an interest in the proper                                             | ty? Check one.           | the entir | eties, or a life es                   | stat), if kno | wn.                      |
|                     |                            |                       |                 | Debtor 1 only                                                                 |                          |           |                                       |               |                          |
|                     |                            |                       |                 | Debtor 2 only                                                                 |                          |           |                                       |               |                          |
|                     |                            |                       |                 | Debtor 1 and Debtor 2 only                                                    |                          |           | ck if this is a co                    | mmunity p     | roperty                  |
|                     |                            |                       |                 | At least one of the debtors and ar                                            | nother                   | (866      | instructions)                         |               |                          |
|                     |                            |                       |                 |                                                                               |                          |           |                                       |               |                          |

Official Form 106A/B Record # 742075 Schedule A/B: Property Page 1 of 7

\$98,470.00

2. Add the dollar value of the portion you own for all of your entries fro Part 1, including any entries for pages

you have attached for Part 1. Write that number here ..... -->

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|        |     |      |

| ebtor 1 | Kelli      | Renee       | DUC I | Document  | Page 11 of 60 umber (if known) | Desc ivia |
|---------|------------|-------------|-------|-----------|--------------------------------|-----------|
|         | First Name | Middle Name |       | Last Name | Page II 01 60                  |           |

| P           | art 2:                               | Describe Your Vel                                                                      | nicles                                       |                                                                                                                                                                                                         |                                                                                                                               |                                                                                       |
|-------------|--------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| you         | own that                             | someone else drivens, trucks, tractors                                                 |                                              | any vehicles, whether they are registered or not? Include any lso report it on Schedule G: Executory Contracts and Unexpired storcycles                                                                 |                                                                                                                               |                                                                                       |
|             | _ `                                  | Make: Model: Year: Approximate Milea Other information: Inoperable                     |                                              | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions) | Do not deduct secured clathe amount of any securer Creditors Who Have Clair.  Current value of the entire property?  4,000.00 | d claims on Schedule D: ns Secured by Property  Current value of the portion you own? |
|             |                                      | Make: Model: Year: Approximate Milea Other information:                                |                                              | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions) | Do not deduct secured clathe amount of any securer Creditors Who Have Clair Current value of the entire property?  18,000.00  | d claims on Schedule D: ns Secured by Property  Current value of the portion you own? |
| 5. <b>A</b> | Example: No. Yes Add the do you have | s: Boats, trailers, moto<br>s. Describe<br>ollar value of the p<br>attached for Part 2 | ors, personal watercraft, fishing            | creational vehicles, other vehicles, and accessories vessels, snowmobiles, motorcycle accessories  our entries fro Part 2, including any entries for pages >                                            |                                                                                                                               | \$ 13,000.00                                                                          |
|             | you own                              |                                                                                        | or equitable interest in any                 | of the following items?                                                                                                                                                                                 | <b>i</b><br>[                                                                                                                 | Current value of the portion you own? Do not deduct secured claims or exemptions      |
| 06.         |                                      |                                                                                        | ishings<br>urniture, linens, china, kitchenw | vare                                                                                                                                                                                                    |                                                                                                                               |                                                                                       |
| 07.         |                                      | es: Televisions and rad<br>ns; electronic devices                                      |                                              | igital equipment; computers, printers, scanners; music<br>, media players, games                                                                                                                        | \$1,500                                                                                                                       | \$ <u>1,500.0</u> 0                                                                   |
| 08.         | Yes  Collectib  Example:             | s. Describe  bles of value  s: Antiques and figurir                                    |                                              | nter, music collection, cell phone rtwork; books, pictures, or other art objects;                                                                                                                       | \$1,000                                                                                                                       | \$ <u>1,000.0</u> 0                                                                   |
|             | No.                                  |                                                                                        |                                              |                                                                                                                                                                                                         |                                                                                                                               | \$ <u> </u>                                                                           |

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| 09.  | Examples:                          |                       |                                                                             | quipment; bicycles, pool tables, golf clubs, skis; canoes                                               |       |                                                                                   |
|------|------------------------------------|-----------------------|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------------------------------------|
|      | Yes.                               | Describe              |                                                                             |                                                                                                         |       | \$0.00                                                                            |
| 10.  | Firearms Examples:                 | Pistols, rifles, shot | tguns, ammunition, and related ec                                           | equipment                                                                                               |       |                                                                                   |
|      | Yes.                               | Describe              |                                                                             |                                                                                                         |       | \$ <u> </u>                                                                       |
| 111. | Examples:                          | Everyday clothes,     | furs, leather coats, designer wea                                           | ar, shoes, accessories                                                                                  |       |                                                                                   |
|      | Yes.                               | Describe              | Everyday clothes, Winter Coats                                              | ts, shoes, accessories                                                                                  | \$175 | \$175.00                                                                          |
| 12.  | Jewelry Examples: gold, silver No. | Everyday jewelry,     | costume jewelry, engagement rin                                             | ngs, wedding rings, heirloom jewelry, watches, gems,                                                    |       |                                                                                   |
|      | Yes.                               | Describe              | Everyday jewelry and costume                                                | e jewelry                                                                                               | \$500 | \$500.00                                                                          |
| 13.  | No.                                | Dogs, cats, birds,    | horses                                                                      |                                                                                                         |       |                                                                                   |
|      | Yes.                               | Describe              | Dog                                                                         |                                                                                                         | \$0   | \$ <u>0.0</u> 0                                                                   |
| 14.  | Any other No.                      | personal and h        | ousehold items you did not                                                  | already list, including any health aids you did not list                                                |       |                                                                                   |
|      | Yes.                               | Describe              | Books, CDs, DVDs & Family P                                                 | Photos                                                                                                  | \$200 | \$200.00                                                                          |
| 15.  |                                    |                       | -                                                                           | including any entries for pages you have attached                                                       |       | \$3,375.00                                                                        |
|      | Part 4:                            | Describe Your Fi      | nancial Assets                                                              |                                                                                                         |       |                                                                                   |
| Do   | you own oi                         | r have any legal      | l or equitable interest in any                                              | y of the following?                                                                                     |       | Current value of the portion you own?  Do not deduct secured claims or exemptions |
| 16.  | Cash Examples:                     | Money you have i      | n your wallet, in your home, in a s                                         | safe deposit box, and on hand when you file your petition                                               |       |                                                                                   |
|      | Yes.                               | Describe              |                                                                             |                                                                                                         |       | \$ <u> </u>                                                                       |
| 17.  |                                    | Checking, savings     | s, or other financial accounts; certi<br>If you have multiple accounts with | tificates of deposit; shares in credit unions, brokerage houses,<br>th the same institution, list each. |       |                                                                                   |
|      | Yes.                               | Describe              | Account Type:<br>Checking Account<br>Checking Account                       | Institution name:<br>Chase Bank<br>McGraw Hill CU                                                       |       | \$3.00<br>\$300.00                                                                |
| 18.  | Examples:                          |                       | publicly traded stocks<br>tment accounts with brokerage fir                 | irms, money market accounts                                                                             |       | \$ <u>303.0</u> 0                                                                 |
|      | No. Yes.                           | Describe              | Institution or issuer name:                                                 |                                                                                                         |       | s 0.00                                                                            |
| 19.  | Non-public                         | cly traded stock      | and interests in incorporate                                                | ted and unincorporated businesses, including an interest in                                             |       | <u> </u>                                                                          |
|      | Yes.                               | Describe              | Name of Entity and Percent                                                  | t of Ownership:                                                                                         |       | \$0.00                                                                            |

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| 20. | Governmen    | it and corporat                      | e bolius and other negotiable and nor                                                                  | i-negotiable instruments                             |                                                                                  |              |
|-----|--------------|--------------------------------------|--------------------------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------------------------------|--------------|
|     | -            |                                      | le personal checks, cashiers' checks, promiss<br>re those you cannot transfer to someone by            |                                                      |                                                                                  |              |
|     | Yes.         | Describe                             | Issuer name:                                                                                           |                                                      | \$                                                                               | <u>0.0</u> 0 |
| 21. |              | or pension acc<br>nterests in IRA, E |                                                                                                        | ecounts, or other pension or profit-sharing plans    |                                                                                  |              |
|     | Yes.         | Describe                             | Type of account and Institution name: 401(k) or similar plan                                           | Current/Former Employer                              |                                                                                  | _            |
| 22. | Your share   |                                      | payments sits you have made so that you may continu andlords, prepaid rent, public utilities (electric |                                                      | <b>\$</b> '                                                                      | <u>0.0</u> 0 |
| 22  | Yes.         | Describe                             | Institution name or individual:                                                                        | idhaa far life ar far a russhar af waxa)             | \$                                                                               | <u>0.0</u> 0 |
| 23. | No.  Yes.    | Describe                             | Issuer name and description:                                                                           | ither for life or for a number of years)             |                                                                                  | 0.00         |
| 24. |              |                                      | RA, in an account in a qualified ABLE (b), and 529(b)(1).                                              | program, or under a qualified state tuition program. | <b>\$</b> '                                                                      | <u>0.0</u> 0 |
| 25. |              | Describe                             |                                                                                                        | thing listed in line 1), and rights or powers        | \$                                                                               | <u>0.0</u> 0 |
|     | No. Yes.     | Describe                             |                                                                                                        |                                                      | \$                                                                               | <u>0.0</u> 0 |
| 26. | Examples: I  | nternet domain na                    | marks, trade secrets, and other intelle<br>ames, websites, proceeds from royalties and                 |                                                      |                                                                                  |              |
| 27. |              |                                      | other general intangibles exclusive licenses, cooperative association ho                               | oldings, liquor licenses, professional licenses      | \$                                                                               | <u>0.0</u> 0 |
|     | No. Yes.     | Describe                             |                                                                                                        |                                                      | \$                                                                               | <u>0.0</u> 0 |
| Моі | ney or prope | erty owed to yo                      | u?                                                                                                     |                                                      | Current value of the portion you own?  Do not deduct secured claim or exemptions | ns           |
| 28. | Tax refund   | s owed to you                        |                                                                                                        |                                                      |                                                                                  |              |
| 29. | Yes.         | Describe                             |                                                                                                        |                                                      | \$                                                                               | <u>0.0</u> 0 |
|     |              | -                                    | sum alimony, spousal support, child support,                                                           | maintenance, divorce settlement, property settlement |                                                                                  |              |
| 30. | Other amou   | unts someone (                       | •                                                                                                      |                                                      | \$                                                                               | <u>0.0</u> 0 |
|     |              |                                      | ability insurance payments, disability benefits<br>aid loans you made to someone else                  | s, sick pay, vacation pay, workers' compensation,    |                                                                                  |              |
|     | Yes.         | Describe                             |                                                                                                        |                                                      | \$                                                                               | <u>0.0</u> 0 |

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Desc Main

| First Name | Middle N |
|------------|----------|

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| 31.                      | interest in                                                                                                                                                | insurance polic                                                                                                                     | les                                                                                                                                                                                                                                                                                       |                                                      |                           |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|---------------------------|
|                          | Examples: I                                                                                                                                                | Health, disability, c                                                                                                               | r life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance                                                                                                                                                                                                |                                                      |                           |
|                          | No.                                                                                                                                                        |                                                                                                                                     | Company Name & Beneficiary:                                                                                                                                                                                                                                                               |                                                      |                           |
|                          | Yes.                                                                                                                                                       | Describe                                                                                                                            |                                                                                                                                                                                                                                                                                           | 7                                                    |                           |
|                          | _                                                                                                                                                          |                                                                                                                                     | Health, disability, and term life insurance through employer \$0                                                                                                                                                                                                                          |                                                      |                           |
|                          |                                                                                                                                                            |                                                                                                                                     |                                                                                                                                                                                                                                                                                           |                                                      | 0.00                      |
| 32.                      | Any interes                                                                                                                                                | st in property th                                                                                                                   | at is due you from someone who has died                                                                                                                                                                                                                                                   |                                                      |                           |
|                          | -                                                                                                                                                          | -                                                                                                                                   | living trust, expect proceeds from a life insurance policy, or are currently entitled to receive                                                                                                                                                                                          |                                                      |                           |
|                          |                                                                                                                                                            | cause someone ha                                                                                                                    | as died.                                                                                                                                                                                                                                                                                  |                                                      |                           |
|                          | No.                                                                                                                                                        |                                                                                                                                     |                                                                                                                                                                                                                                                                                           |                                                      |                           |
|                          | Yes.                                                                                                                                                       | Describe                                                                                                                            |                                                                                                                                                                                                                                                                                           |                                                      |                           |
|                          |                                                                                                                                                            |                                                                                                                                     |                                                                                                                                                                                                                                                                                           | \$                                                   | 0.00                      |
| 33.                      | Claims aga                                                                                                                                                 | inst third partie                                                                                                                   | s, whether or not you have filed a lawsuit or made a demand for payment                                                                                                                                                                                                                   |                                                      |                           |
|                          | Examples: /                                                                                                                                                | Accidents, employ                                                                                                                   | ment disputes, insurance claims, or rights to sue                                                                                                                                                                                                                                         |                                                      |                           |
|                          | No.                                                                                                                                                        |                                                                                                                                     |                                                                                                                                                                                                                                                                                           |                                                      |                           |
|                          | Yes.                                                                                                                                                       | Describe                                                                                                                            |                                                                                                                                                                                                                                                                                           | 7                                                    |                           |
|                          | <del></del>                                                                                                                                                |                                                                                                                                     |                                                                                                                                                                                                                                                                                           | \$                                                   | 0.00                      |
| 34.                      | Other conti                                                                                                                                                | ingent and unli                                                                                                                     | puidated claims of every nature, including counterclaims of the debtor and rights                                                                                                                                                                                                         |                                                      |                           |
|                          | No.                                                                                                                                                        |                                                                                                                                     |                                                                                                                                                                                                                                                                                           |                                                      |                           |
|                          | Yes.                                                                                                                                                       | Describe                                                                                                                            |                                                                                                                                                                                                                                                                                           | 7                                                    |                           |
|                          | □                                                                                                                                                          | 20001100                                                                                                                            |                                                                                                                                                                                                                                                                                           | \$                                                   | 0.00                      |
| 35.                      | Any financi                                                                                                                                                | ial assets vou d                                                                                                                    | id not already list                                                                                                                                                                                                                                                                       |                                                      |                           |
| •••                      | No.                                                                                                                                                        |                                                                                                                                     |                                                                                                                                                                                                                                                                                           |                                                      |                           |
|                          | <b>=</b>                                                                                                                                                   | December                                                                                                                            |                                                                                                                                                                                                                                                                                           | 7                                                    |                           |
|                          | Yes.                                                                                                                                                       | Describe                                                                                                                            |                                                                                                                                                                                                                                                                                           |                                                      | 0.00                      |
|                          |                                                                                                                                                            |                                                                                                                                     |                                                                                                                                                                                                                                                                                           |                                                      | 0.00                      |
| 00                       | A -1 -1 411 -1                                                                                                                                             |                                                                                                                                     | form and in form Book 4 including any article for a superior for a superior of the book                                                                                                                                                                                                   |                                                      |                           |
|                          |                                                                                                                                                            |                                                                                                                                     | of your entries from Part 4, including any entries for pages you have attached                                                                                                                                                                                                            |                                                      | \$403.00                  |
|                          | for Part 4. V                                                                                                                                              | Vrite that numb                                                                                                                     | er here>                                                                                                                                                                                                                                                                                  |                                                      | 7100100                   |
|                          |                                                                                                                                                            |                                                                                                                                     |                                                                                                                                                                                                                                                                                           |                                                      |                           |
|                          | _                                                                                                                                                          |                                                                                                                                     |                                                                                                                                                                                                                                                                                           |                                                      |                           |
|                          | art 5:                                                                                                                                                     | escribe Any Bus                                                                                                                     | iness-Related Property You Own or Have an Interest In. List any real estate in Part 1.                                                                                                                                                                                                    |                                                      |                           |
| I                        | art c.                                                                                                                                                     |                                                                                                                                     | gal or equitable interest in any business-related property?                                                                                                                                                                                                                               |                                                      |                           |
| I                        | Do you ow                                                                                                                                                  |                                                                                                                                     |                                                                                                                                                                                                                                                                                           |                                                      |                           |
| I                        | Do you ow                                                                                                                                                  |                                                                                                                                     |                                                                                                                                                                                                                                                                                           |                                                      |                           |
| I                        | Do you ow                                                                                                                                                  |                                                                                                                                     |                                                                                                                                                                                                                                                                                           |                                                      |                           |
| I                        | Do you ow                                                                                                                                                  |                                                                                                                                     |                                                                                                                                                                                                                                                                                           | Current value o                                      | f the                     |
| I                        | Do you ow                                                                                                                                                  |                                                                                                                                     |                                                                                                                                                                                                                                                                                           | portion you ow                                       | n?                        |
| I                        | Do you ow                                                                                                                                                  |                                                                                                                                     |                                                                                                                                                                                                                                                                                           | portion you ow<br>Do not deduct sec                  | n?                        |
| 37.                      | Do you own No. Yes.                                                                                                                                        | n or have any le                                                                                                                    | gal or equitable interest in any business-related property?                                                                                                                                                                                                                               | portion you ow                                       | n?                        |
| 37.                      | Do you own No. Yes.                                                                                                                                        | n or have any le                                                                                                                    |                                                                                                                                                                                                                                                                                           | portion you ow<br>Do not deduct sec                  | n?                        |
| 37.                      | Do you own No. Yes.                                                                                                                                        | n or have any le                                                                                                                    | gal or equitable interest in any business-related property?                                                                                                                                                                                                                               | portion you ow<br>Do not deduct sec                  | n?                        |
| 37.                      | Do you owl No. Yes.                                                                                                                                        | n or have any le                                                                                                                    | gal or equitable interest in any business-related property?                                                                                                                                                                                                                               | portion you ow<br>Do not deduct sec                  | n?                        |
| 37.                      | Do you owl No. Yes.  Accounts r                                                                                                                            | n or have any le                                                                                                                    | gal or equitable interest in any business-related property?                                                                                                                                                                                                                               | portion you ow<br>Do not deduct sec                  | n?                        |
| 37.                      | Do you owl No. Yes.  Accounts r No. Yes.                                                                                                                   | n or have any le                                                                                                                    | gal or equitable interest in any business-related property?                                                                                                                                                                                                                               | portion you ow<br>Do not deduct sec<br>or exemptions | <b>n?</b><br>ured claims  |
| 37.                      | Do you owl No. Yes.  Accounts r No. Yes. Office equi                                                                                                       | receivable or co  Describe                                                                                                          | ngal or equitable interest in any business-related property?                                                                                                                                                                                                                              | portion you ow<br>Do not deduct sec<br>or exemptions | <b>n?</b><br>ured claims  |
| 37.                      | Do you owl No. Yes.  Accounts r No. Yes. Office equi                                                                                                       | receivable or co  Describe                                                                                                          | rgal or equitable interest in any business-related property?  mmissions you already earned  ngs, and supplies                                                                                                                                                                             | portion you ow<br>Do not deduct sec<br>or exemptions | <b>n?</b><br>ured claims  |
| 37.                      | Do you owl No. Yes.  Accounts r No. Yes.  Office equi Examples: 8                                                                                          | receivable or co  Describe                                                                                                          | rgal or equitable interest in any business-related property?  mmissions you already earned  ngs, and supplies                                                                                                                                                                             | portion you ow<br>Do not deduct sec<br>or exemptions | <b>n?</b><br>ured claims  |
| 37.                      | Accounts r No. Yes.  Office equi Examples: E                                                                                                               | receivable or co  Describe                                                                                                          | rgal or equitable interest in any business-related property?  mmissions you already earned  ngs, and supplies                                                                                                                                                                             | portion you ow<br>Do not deduct sec<br>or exemptions | <b>n?</b><br>ured claims  |
| 37.<br>38.               | Accounts r No. Yes.  Office equi Examples: E No. Yes.                                                                                                      | receivable or co  Describe  ipment, furnishi Business-related co                                                                    | rgal or equitable interest in any business-related property?  mmissions you already earned  ngs, and supplies                                                                                                                                                                             | portion you ow<br>Do not deduct sec<br>or exemptions | n?<br>ured claims<br>0.00 |
| 37.<br>38.               | Accounts r No. Yes.  Office equi Examples: I No. Yes.  Machinery,                                                                                          | receivable or co  Describe  ipment, furnishi Business-related co                                                                    | mmissions you already earned  ngs, and supplies computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices                                                                                                                         | portion you ow<br>Do not deduct sec<br>or exemptions | n?<br>ured claims<br>0.00 |
| 37.<br>38.               | Accounts r No. Yes.  Office equi Examples: 6 No. Yes.  Machinery, No.                                                                                      | receivable or co Describe ipment, furnishi Business-related c Describe                                                              | mmissions you already earned  ngs, and supplies computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices                                                                                                                         | portion you ow<br>Do not deduct sec<br>or exemptions | n?<br>ured claims<br>0.00 |
| 37.<br>38.               | Accounts r No. Yes.  Office equi Examples: I No. Yes.  Machinery,                                                                                          | receivable or co  Describe  ipment, furnishi Business-related co                                                                    | mmissions you already earned  ngs, and supplies computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices                                                                                                                         | portion you ow<br>Do not deduct sec<br>or exemptions | n?<br>ured claims<br>0.00 |
| 37.<br>38.<br>39.        | Accounts r No. Yes.  Office equi Examples: E No. Yes.  Machinery, Yes.                                                                                     | receivable or co Describe ipment, furnishi Business-related c Describe                                                              | mmissions you already earned  ngs, and supplies computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices                                                                                                                         | portion you ow<br>Do not deduct sec<br>or exemptions | n?<br>ured claims<br>0.00 |
| 37.<br>38.<br>39.        | Do you owl No. Yes.  Accounts r No. Yes.  Office equi Examples: I No. Yes.  Machinery, No. Yes.                                                            | receivable or co Describe ipment, furnishi Business-related c Describe                                                              | mmissions you already earned  ngs, and supplies computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices                                                                                                                         | portion you ow<br>Do not deduct sec<br>or exemptions | n?<br>ured claims<br>0.00 |
| 37.<br>38.<br>39.        | Do you owl No. Yes.  Accounts r No. Yes.  Office equi Examples: I No. Yes.  Machinery, No. Yes.  Inventory No.                                             | receivable or co Describe  pment, furnishi Business-related c Describe  fixtures, equip Describe                                    | mmissions you already earned  ngs, and supplies computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices                                                                                                                         | portion you ow<br>Do not deduct sec<br>or exemptions | n?<br>ured claims<br>0.00 |
| 37.<br>38.<br>39.        | Do you owl No. Yes.  Accounts r No. Yes.  Office equi Examples: I No. Yes.  Machinery, No. Yes.                                                            | receivable or co Describe ipment, furnishi Business-related c Describe                                                              | mmissions you already earned  ngs, and supplies computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices                                                                                                                         | portion you ow Do not deduct sec or exemptions  \$   | 0.00<br>0.00              |
| 37.<br>38.<br>40.        | Do you owl No. Yes.  Accounts r No. Yes.  Office equi Examples: I No. Yes.  Machinery, No. Yes.  Inventory No. Yes.                                        | receivable or co Describe  pment, furnishi Business-related c Describe fixtures, equip Describe                                     | mmissions you already earned  ngs, and supplies omputers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices  ment, supplies you use in business, and tools of your trade                                                             | portion you ow<br>Do not deduct sec<br>or exemptions | n?<br>ured claims<br>0.00 |
| 37.<br>38.<br>40.        | Do you owl No. Yes.  Accounts r No. Yes.  Office equi Examples: I No. Yes.  Machinery, No. Yes.  Inventory No. Yes.                                        | receivable or co Describe  pment, furnishi Business-related c Describe fixtures, equip Describe                                     | mmissions you already earned  ngs, and supplies computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices                                                                                                                         | portion you ow Do not deduct sec or exemptions  \$   | 0.00<br>0.00              |
| 37.<br>38.<br>40.        | Do you owl No. Yes.  Accounts r No. Yes.  Office equi Examples: I No. Yes.  Machinery, No. Yes.  Inventory No. Yes.                                        | receivable or co Describe  pment, furnishi Business-related c Describe fixtures, equip Describe                                     | mmissions you already earned  ngs, and supplies omputers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices  ment, supplies you use in business, and tools of your trade                                                             | portion you ow Do not deduct sec or exemptions  \$   | 0.00<br>0.00              |
| 37.<br>38.<br>40.        | Do you owl No. Yes.  Accounts r No. Yes.  Office equi Examples: I No. Yes.  Machinery, No. Yes.  Inventory No. Yes.                                        | receivable or co Describe  pment, furnishi Business-related c Describe fixtures, equip Describe                                     | mmissions you already earned  ngs, and supplies  property, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices  ment, supplies you use in business, and tools of your trade                                                            | portion you ow Do not deduct sec or exemptions  \$   | 0.00<br>0.00              |
| 37.<br>38.<br>40.        | Do you own No. Yes.  Accounts r No. Yes.  Office equi Examples: E No. Yes.  Machinery, No. Yes.  Inventory No. Yes.                                        | receivable or co  Describe  pment, furnishi Business-related c  Describe  fixtures, equip  Describe  Describe                       | mmissions you already earned  ngs, and supplies  property, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices  ment, supplies you use in business, and tools of your trade                                                            | portion you ow Do not deduct sec or exemptions  \$   | 0.00<br>0.00              |
| 37.<br>38.<br>39.<br>40. | Do you own No. Yes.  Accounts r No. Yes.  Office equi Examples: E No. Yes.  Machinery, No. Yes.  Inventory No. Yes.  Interests in No. Yes.                 | receivable or co  Describe  ipment, furnishi Business-related c  Describe  fixtures, equip  Describe  Describe  partnerships c      | mmissions you already earned  ngs, and supplies  property, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices  ment, supplies you use in business, and tools of your trade                                                            | portion you ow Do not deduct sec or exemptions  \$   | 0.00<br>0.00              |
| 37.<br>38.<br>39.<br>40. | Do you own No. Yes.  Accounts r No. Yes.  Office equi Examples: E No. Yes.  Machinery, No. Yes.  Inventory No. Yes.  Interests in No. Yes.                 | receivable or co  Describe  ipment, furnishi Business-related c  Describe  fixtures, equip  Describe  Describe  partnerships c      | mmissions you already earned  ngs, and supplies omputers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices  ment, supplies you use in business, and tools of your trade  r joint ventures  Name of Entity and Percent of Ownership: | portion you ow Do not deduct sec or exemptions  \$   | 0.00<br>0.00              |
| 37.<br>38.<br>39.<br>40. | Do you own No. Yes.  Accounts r No. Yes.  Office equi Examples: I No. Yes.  Machinery, No. Yes.  Inventory No. Yes.  Interests in No. Yes.  Customer I No. | receivable or co Describe  pment, furnishi Business-related c Describe  fixtures, equip Describe  Describe  partnerships c Describe | mmissions you already earned  ngs, and supplies omputers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices  ment, supplies you use in business, and tools of your trade  r joint ventures  Name of Entity and Percent of Ownership: | portion you ow Do not deduct sec or exemptions  \$   | 0.00<br>0.00              |
| 37.<br>38.<br>39.<br>40. | Do you own No. Yes.  Accounts r No. Yes.  Office equi Examples: I No. Yes.  Machinery, No. Yes.  Inventory No. Yes.  Interests in No. Yes.                 | receivable or co  Describe  ipment, furnishi Business-related c  Describe  fixtures, equip  Describe  Describe  partnerships c      | mmissions you already earned  ngs, and supplies omputers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices  ment, supplies you use in business, and tools of your trade  r joint ventures  Name of Entity and Percent of Ownership: | portion you ow Do not deduct sec or exemptions  \$   | 0.00<br>0.00              |

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44. Any business-related property you did not already list Nο Describe..... 0.00 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached \$ 0.00 for Part 5. Write that number here ..... Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Yes. Describe..... 0.00 47. Farm animals Examples: Livestock, poultry, farm-raised fish No. Describe..... 0.00 48. Crops-either growing or harvested No. Yes. Describe..... 0.00 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade No. Yes. Describe..... 0.00 50. Farm and fishing supplies, chemicals, and feed Yes. Describe..... 0.00 51. Any farm- and commercial fishing-related property you did not already list Yes Describe..... 0.00 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached \$0.00 for Part 6. Write that number here ----Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7: 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No. Describe..... Yes. 0.00

54. Add the dollar value of all of your entries from Part 7. Write that number here ...... -->

\$0.00

Case 17-11313 Kelli

Doc 1

Filed 04/10/17 Entered 04/10/17 15:27:10

— Document Page 16 of 60 umber (if known)

Desc Main

First Name

| Rant 8: List the Totals of Each Part of this Form                |              |              |
|------------------------------------------------------------------|--------------|--------------|
| 55. Part 1: Total real estate, line 2                            |              | \$ 98,470.00 |
| 56. Part 2: Total vehicles, line 5                               | \$ 13,000.00 |              |
| 57. Part 3: Total personal and household items, line 15          | \$ 3,375.00  |              |
| 58. Part 4: Total financial assets, line 36                      | \$ 403.00    |              |
| 59. Part 5: Total business-related property, line 45             | \$ 0.00      |              |
| 60. Part 6: Total farm- and fishing-related property, line 52    | \$ 0.00      |              |
| 61. Part 7: Total other property not listed, line 54             | \$ 0.00      |              |
| 62. <b>Total personal property.</b> Add lines 56 through 61      | \$ 16,778.00 | \$ 16,778.00 |
| 63. Total of all property on Schedule A/B. Add line 55 + line 62 |              | \$115,248.00 |

| Fill in this in     | Fill in this information to identify your case: |                                       |                 |  |  |  |  |
|---------------------|-------------------------------------------------|---------------------------------------|-----------------|--|--|--|--|
| Debtor 1            | Kelli                                           | Renee                                 | Hardia          |  |  |  |  |
|                     | First Name                                      | Middle Name                           | Last Name       |  |  |  |  |
| Debtor 2            |                                                 |                                       |                 |  |  |  |  |
| (Spouse, if filing) | First Name                                      | Middle Name                           | Last Name       |  |  |  |  |
| United States       | Bankruptcy Court fo                             | r the : <u>NORTHERN</u> District of _ | ILLINOIS(State) |  |  |  |  |
| Case Number         | r                                               |                                       | _               |  |  |  |  |
| (If known)          |                                                 |                                       |                 |  |  |  |  |

## Official Form 106C

#### Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions-such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds-may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

|                                                                                     | emptions are you claiming? Check                                 | one only, even if your spo           | ouse is filing with you.                                        |                                    |  |  |  |  |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------|------------------------------------|--|--|--|--|
| You are claiming state and federal nonbankruptcy exemptions . 11 U.S.C. § 522(b)(3) |                                                                  |                                      |                                                                 |                                    |  |  |  |  |
| You are clair                                                                       | ming federal exemptions. 11 U.S.C.                               | § 522(b)(2)                          |                                                                 |                                    |  |  |  |  |
| 2. For any propert                                                                  | y you list on <i>Schedule A/B</i> that yo                        | u claim as exempt, fill in t         | the information below.                                          |                                    |  |  |  |  |
| · ·                                                                                 | on of the property and line on hat lists this property           | Current value of the portion you own | Amount of the exemption you claim                               | Specific laws that allow exemption |  |  |  |  |
|                                                                                     |                                                                  | Copy the value from<br>Schedule A/B  | Check only one box for each exemption                           |                                    |  |  |  |  |
| Brief description:                                                                  | 22811 Southbrook Dr Sauk Village<br>IL 60411                     | \$ <u>196,940</u>                    | \$ _ 15,000                                                     | 735 ILCS 5/12-901 - \$15,000.00    |  |  |  |  |
| Line from Schedule A/B:                                                             | 01                                                               |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |
| Brief<br>description:                                                               | Furniture, linens, small appliances, table & chairs, bedroom set | \$ <u>1,500</u>                      | <b></b>                                                         | 735 ILCS 5/12-1001(b) - \$1,500.00 |  |  |  |  |
| Line from Schedule A/B:                                                             | 06                                                               |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |
| Brief<br>description:                                                               | Flat screen TV, computer, printer, music collection, cell phone  | \$ <u>1,000</u>                      | <b></b> \$                                                      | 735 ILCS 5/12-1001(b) - \$1,000.00 |  |  |  |  |
| Line from Schedule A/B:                                                             | <u>07</u>                                                        |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |
| Brief<br>description:                                                               | Everyday clothes, Winter Coats, shoes, accessories               | \$ <u>175</u>                        | <b></b> \$                                                      | 735 ILCS 5/12-1001(b) - \$175.00   |  |  |  |  |
| Line from Schedule A/B:                                                             | 11                                                               |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |
|                                                                                     |                                                                  |                                      |                                                                 |                                    |  |  |  |  |
| Official Form 106C                                                                  | Record # 742075                                                  | Schedule C: T                        | he Property You Claim as Exempt                                 | Page 1 of 2                        |  |  |  |  |

Middle Name

Debtor 1

First Name

Kelli Renee Document Last Name

Page 18 of 60 Case Number (if known)

| F  | art 2: Additi                                                                               | ional Page                                                   |                                      |                                                                 |                                      |  |  |  |  |
|----|---------------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------|--------------------------------------|--|--|--|--|
|    | •                                                                                           | on of the property and line on hat lists this property       | Current value of the portion you own | Amount of the exemption you claim                               | Specific laws that allow exemption   |  |  |  |  |
|    |                                                                                             |                                                              | Copy the value from<br>Schedule A/B  | Check only one box for each exemption                           |                                      |  |  |  |  |
|    | Brief description:                                                                          | Everyday jewelry and costume jewelry                         | \$_500                               | \$                                                              | 735 ILCS 5/12-1001(a),(e) - \$500.00 |  |  |  |  |
|    | Line from Schedule A/B:                                                                     | 12                                                           |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |  |  |  |  |
|    | Brief<br>description:                                                                       | Dog                                                          | \$_0                                 | <b></b>                                                         | 735 ILCS 5/12-1001(b) - \$0.00       |  |  |  |  |
|    | Line from Schedule A/B:                                                                     | 13                                                           |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |  |  |  |  |
|    | Brief description:                                                                          | Books, CDs, DVDs & Family<br>Photos                          | \$ <u>200</u>                        | \$                                                              | 735 ILCS 5/12-1001(a) - \$200.00     |  |  |  |  |
|    | Line from<br>Schedule A/B:                                                                  | 14                                                           |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |  |  |  |  |
|    | Brief<br>description:                                                                       | Checking Account, Chase Bank, 3.00                           | \$ <u>3</u>                          | \$                                                              | 735 ILCS 5/12-1001(b) - \$3.00       |  |  |  |  |
|    | Line from<br>Schedule A/B:                                                                  | <u>17</u>                                                    |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |  |  |  |  |
|    | Brief description:                                                                          | Checking Account, McGraw Hill CU, 300.00                     | \$ <u>300</u>                        | \$                                                              | 735 ILCS 5/12-1001(b) - \$300.00     |  |  |  |  |
|    | Line from<br>Schedule A/B:                                                                  | <u>17</u>                                                    |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |  |  |  |  |
|    | Brief description:                                                                          | 401(k) or similar plan,<br>Current/Former Employer, 100.00   | \$Unknown                            | \$                                                              | 735 ILCS 5/12-1006 - \$0.00          |  |  |  |  |
|    | Line from Schedule A/B:                                                                     | 21                                                           |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |  |  |  |  |
|    | Brief description:                                                                          | Health, disability, and term life insurance through employer | \$_0                                 | \$                                                              | 215 ILCS 5/238 - \$0.00              |  |  |  |  |
|    | Line from Schedule A/B:                                                                     | 31                                                           |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |  |  |  |  |
| 3. | Are you claimin                                                                             | g a homestead exemption of more                              | than \$155,675?                      |                                                                 |                                      |  |  |  |  |
|    | (Subject to adjus                                                                           | stment on 4/01/16 and every 3 years                          | after that for cases filed on        | or after the date of adjustment .)                              |                                      |  |  |  |  |
|    | No.                                                                                         |                                                              |                                      |                                                                 |                                      |  |  |  |  |
|    | ☐ Yes. Did you                                                                              | acquire the property covered by the                          | e exemption within 1,215 day         | ys before you filed this case?                                  |                                      |  |  |  |  |
|    | □ No □ Yes.                                                                                 |                                                              |                                      |                                                                 |                                      |  |  |  |  |
| _  |                                                                                             |                                                              |                                      |                                                                 |                                      |  |  |  |  |
|    |                                                                                             |                                                              |                                      |                                                                 |                                      |  |  |  |  |
|    |                                                                                             |                                                              |                                      |                                                                 |                                      |  |  |  |  |
|    |                                                                                             |                                                              |                                      |                                                                 |                                      |  |  |  |  |
|    |                                                                                             |                                                              |                                      |                                                                 |                                      |  |  |  |  |
|    |                                                                                             |                                                              |                                      |                                                                 |                                      |  |  |  |  |
|    |                                                                                             |                                                              |                                      |                                                                 |                                      |  |  |  |  |
| 0  | Official Form 106C Record # 742075 Schedule C: The Property You Claim as Exempt Page 2 of 2 |                                                              |                                      |                                                                 |                                      |  |  |  |  |

| Fill in this in                 | Caso 17                 |                         | c 1 Filad 04/10/17                                                                            | Entered 04/10/17              | 15:27:10                              | Desc Main                     |                       |
|---------------------------------|-------------------------|-------------------------|-----------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------|-------------------------------|-----------------------|
| FIII III UIIS III               | normation to iden       | illy your case.         |                                                                                               | 9 of 60                       |                                       |                               |                       |
| Debtor 1                        | Kelli                   | Renee                   | Hardia                                                                                        |                               |                                       |                               |                       |
| 5                               | First Name              | Middle Name             | Last Name                                                                                     |                               |                                       |                               |                       |
| Debtor 2<br>(Spouse, if filing) | First Name              | Middle Name             | Last Name                                                                                     |                               |                                       |                               |                       |
| United States                   | Bankruptcy Court fo     | r the : <u>NORTHERN</u> | District of <u>ILLINOIS</u>                                                                   |                               |                                       |                               |                       |
| Case Number                     | г                       |                         | (State)                                                                                       |                               |                                       | Check if this                 | s is an               |
| (If known)                      |                         |                         |                                                                                               |                               |                                       | amended fil                   | ling                  |
| Official F                      | <u>orm 106D</u>         |                         |                                                                                               |                               |                                       |                               |                       |
| Schedule                        | D: Credito              | rs Who Have             | Claims Secured by F                                                                           | Property                      |                                       |                               | 12/1                  |
| nformation. If r                | more space is nee       |                         | ried people are filing together, both<br>ional Page, fill it out, number the er<br>(if known) |                               |                                       | ny                            |                       |
|                                 | -                       | s secured by your pr    | `                                                                                             |                               |                                       |                               |                       |
| _                               |                         |                         | e court with your other schedules. Yo                                                         | u have nothing else to report | on this form.                         |                               |                       |
| _                               | II in all of the inforr |                         | ,                                                                                             | <b>3</b>                      |                                       |                               |                       |
|                                 |                         |                         |                                                                                               |                               |                                       |                               |                       |
| Part 1:                         | List All Secured Cla    | aims                    |                                                                                               |                               | Calumn A                              | Caluma A                      | Caluman C             |
| 2. List all se                  | cured claims. If a      | creditor has more tha   | an one secured claim, list the credito                                                        | r separately                  | Column A  Amount of claim             | Column A  Value of collateral | Column C Unsecured    |
|                                 |                         | · ·                     | articular claim, list the other creditors<br>al order according to the creditors na           |                               | Do not deduct the value of collateral | that supports this claim      | <b>portion</b> If any |
| 2.1 Consur                      | mer Portfolio SVC       |                         | Describe the property that secure                                                             | es the claim:                 | \$_30,141.00                          | <b>\$</b> 18,000.00           | \$ <u>12,141.0</u> 0  |
| Creditor's                      |                         |                         | 2011 GMC Yukon with over 68,0                                                                 | 000 miles                     | ]                                     |                               |                       |
| Po Box<br>Number                | Street                  |                         |                                                                                               |                               |                                       |                               |                       |
|                                 |                         |                         | As of the date you file, the claim                                                            | is: Check all that apply.     | J                                     |                               |                       |
| la da a                         |                         | CA 00040                | Contingent                                                                                    |                               |                                       |                               |                       |
| Irvine<br>City                  |                         | CA 92619 State Zip Code | Unliquidated                                                                                  |                               |                                       |                               |                       |
| Who owe                         | s the debt? Check o     |                         | Disputed                                                                                      |                               |                                       |                               |                       |
| Debtor                          |                         | ne.                     | Nature of Lien. Check all that apply  An agreement you made (such as                          |                               |                                       |                               |                       |
| Debtor                          | 2 only                  |                         | car loan)                                                                                     |                               |                                       |                               |                       |
| =                               | 1 and Debtor 2 only     |                         | Statutory lien (such as tax lien, m                                                           | echanic's lien)               |                                       |                               |                       |
| At least                        | one of the debtors a    | ind another             | Judgment lien from a lawsuit  Other (including a right to offset)                             |                               |                                       |                               |                       |
|                                 | if this claim relates   | s to a                  |                                                                                               |                               |                                       |                               |                       |
|                                 | was incurred            | 2016-09-16              | Last 4 digits of account number                                                               | <u>6274</u>                   |                                       |                               |                       |
| 2.2 Santan                      | der Consumer US         | A                       | Describe the property that secure                                                             | es the claim:                 | <b>\$</b> _16,437.00                  | \$ <u>4,000.00</u>            | \$ <u>12,437.0</u> 0  |
| Creditor's                      |                         |                         | 2010 Nissan Maxima with over 1                                                                | 24,000 miles                  | ]                                     |                               |                       |
| PO BOX<br>Number                | 961245<br>Street        |                         |                                                                                               |                               |                                       |                               |                       |
|                                 |                         |                         | As of the date you file, the claim                                                            | is: Check all that apply.     | J                                     |                               |                       |
| Ft Wort                         | h                       | TV 76161                | Contingent                                                                                    |                               |                                       |                               |                       |
| City                            |                         | TX 76161 State Zip Code | Unliquidated                                                                                  |                               |                                       |                               |                       |
| Who owes                        | s the debt? Check o     | ne                      | Disputed  Nature of Lien. Check all that apply                                                | ,                             |                                       |                               |                       |
| Debtor                          |                         | ne.                     | An agreement you made (such as                                                                |                               |                                       |                               |                       |
| Debtor                          | 2 only                  |                         | car loan)                                                                                     |                               |                                       |                               |                       |
| =                               | 1 and Debtor 2 only     | . 1 0                   | Statutory lien (such as tax lien, m                                                           | echanic's lien)               |                                       |                               |                       |
| ∐At least                       | one of the debtors a    | inu anotner             | Judgment lien from a lawsuit  Other (including a right to offset)                             |                               |                                       |                               |                       |
|                                 | if this claim relates   | s to a                  |                                                                                               |                               |                                       |                               |                       |
|                                 | was incurred            | 2013-07-23              | Last 4 digits of account number                                                               | 1000                          |                                       |                               |                       |
| Add the d                       | lollar value of you     | r entries in Column     | A on this page. Write that number                                                             | here:                         | \$ <u>46,578.00</u>                   |                               |                       |

Debtor 1 Kelli Renee Document Page 20 of 60 Case Number (if known)

|      | Additional Page                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                  | Column A             | Column A             | Column C       |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|----------------|
| Do.  | After Isiting any entries on this nage                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                  | Amount of claim      | Value of collateral  | Unsecured      |
| at : | rater letting any entires on the page,                                                                                                                                                                                                                              | number them beginning with 2.3, followed                                                                                                                                                                                                                                                                                         | Do not deduct the    | that supports this   | portion        |
|      | by 2.4, and so forth.                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                  | value of collateral  | claim                | If any         |
| 2.3  | THE Money Source INC                                                                                                                                                                                                                                                | Describe the property that secures the claim:                                                                                                                                                                                                                                                                                    | \$_144,978.00        | <b>\$</b> 196,940.00 | \$_0.00        |
|      | Creditor's Name                                                                                                                                                                                                                                                     | 22811 Southbrook Dr Sauk Village IL 60411                                                                                                                                                                                                                                                                                        |                      |                      |                |
|      | 500 S Broad St                                                                                                                                                                                                                                                      | 22011 Coulibrook Br Guak Village 12 00411                                                                                                                                                                                                                                                                                        |                      |                      |                |
|      | Number Street                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                  |                      |                      |                |
|      |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                  |                      |                      |                |
|      |                                                                                                                                                                                                                                                                     | As of the date you file, the claim is: Check all that apply.                                                                                                                                                                                                                                                                     |                      |                      |                |
|      | Meriden CT 06450                                                                                                                                                                                                                                                    | Contingent                                                                                                                                                                                                                                                                                                                       |                      |                      |                |
|      | City State Zip Code                                                                                                                                                                                                                                                 | Unliquidated                                                                                                                                                                                                                                                                                                                     |                      |                      |                |
|      | City State Zip Code                                                                                                                                                                                                                                                 | Disputed                                                                                                                                                                                                                                                                                                                         |                      |                      |                |
| ,    | Who owes the debt? Check one.                                                                                                                                                                                                                                       | Nature of Lien. Check all that apply.                                                                                                                                                                                                                                                                                            |                      |                      |                |
|      | Debtor 1 only                                                                                                                                                                                                                                                       | An agreement you made (such as mortgage or secured                                                                                                                                                                                                                                                                               |                      |                      |                |
|      | Debtor 2 only                                                                                                                                                                                                                                                       | car loan)                                                                                                                                                                                                                                                                                                                        |                      |                      |                |
|      | Debtor 1 and Debtor 2 only                                                                                                                                                                                                                                          | Statutory lien (such as tax lien, mechanic's lien)                                                                                                                                                                                                                                                                               |                      |                      |                |
|      | At least one of the debtors and another                                                                                                                                                                                                                             | Judgment lien from a lawsuit                                                                                                                                                                                                                                                                                                     |                      |                      |                |
| '    |                                                                                                                                                                                                                                                                     | Other (including a right to offset)                                                                                                                                                                                                                                                                                              |                      |                      |                |
|      | Check if this claim relates to a                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                  |                      |                      |                |
|      | community debt                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                  |                      |                      |                |
| ı    | Date Debt was incurred2014-2017                                                                                                                                                                                                                                     | Last 4 digits of account number <u>7273</u>                                                                                                                                                                                                                                                                                      |                      |                      |                |
| 2.4  |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                  |                      |                      |                |
| 2.4  | US Department of Housing                                                                                                                                                                                                                                            | Describe the property that secures the claim:                                                                                                                                                                                                                                                                                    | \$ <u>48,600.00</u>  | <b>\$</b> 196,940.00 | \$ <u>0.00</u> |
| 2.4  | US Department of Housing  Creditor's Name                                                                                                                                                                                                                           | 22811 Southbrook Dr Sauk Village IL 60411                                                                                                                                                                                                                                                                                        | \$_48,600.00         | \$ <u>196,940.00</u> | \$ <u>0.00</u> |
| 2.4  |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                  | \$_48,600.00         | \$_196,940.00        | \$_0.00        |
| 2.4  | Creditor's Name                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                  | \$ 48,600.00         | \$ <u>196,940.00</u> | \$_0.00        |
| 2.4  | Creditor's Name Ralph Metcalf Federal Building                                                                                                                                                                                                                      | 22811 Southbrook Dr Sauk Village IL 60411                                                                                                                                                                                                                                                                                        | <b>\$</b> _48,600.00 | \$ <u>196,940.00</u> | \$ <u>0.00</u> |
| 2.4  | Creditor's Name Ralph Metcalf Federal Building                                                                                                                                                                                                                      | 22811 Southbrook Dr Sauk Village IL 60411  As of the date you file, the claim is: Check all that apply.                                                                                                                                                                                                                          | <b>\$</b> _48,600.00 | \$ <u>196,940.00</u> | \$ <u>0.00</u> |
| 2.4  | Creditor's Name Ralph Metcalf Federal Building                                                                                                                                                                                                                      | 22811 Southbrook Dr Sauk Village IL 60411  As of the date you file, the claim is: Check all that apply.  Contingent                                                                                                                                                                                                              | <b>\$_</b> 48,600.00 | \$ <u>196,940.00</u> | \$ <u>0.00</u> |
| 2.4  | Creditor's Name Ralph Metcalf Federal Building Number Street                                                                                                                                                                                                        | 22811 Southbrook Dr Sauk Village IL 60411  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated                                                                                                                                                                                                 | <b>\$</b> _48,600.00 | \$ <u>196,940.00</u> | \$ <u>0.00</u> |
| 2.4  | Creditor's Name Ralph Metcalf Federal Building Number Street  Chicago IL 60604                                                                                                                                                                                      | 22811 Southbrook Dr Sauk Village IL 60411  As of the date you file, the claim is: Check all that apply.  Contingent                                                                                                                                                                                                              | \$_48,600.00         | \$ <u>196,940.00</u> | \$ <u>0.00</u> |
|      | Creditor's Name Ralph Metcalf Federal Building Number Street  Chicago IL 60604                                                                                                                                                                                      | 22811 Southbrook Dr Sauk Village IL 60411  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated                                                                                                                                                                                                 | \$_48,600.00         | <u>\$ 196,940.00</u> | \$ <u>0.00</u> |
|      | Creditor's Name Ralph Metcalf Federal Building Number Street  Chicago IL 60604  City State Zip Code                                                                                                                                                                 | 22811 Southbrook Dr Sauk Village IL 60411  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed                                                                                                                                                                                        | \$_48,600.00         | \$ <u>196,940.00</u> | \$ <u>0.00</u> |
|      | Creditor's Name Ralph Metcalf Federal Building Number Street  Chicago IL 60604 City State Zip Code  Who owes the debt? Check one.                                                                                                                                   | 22811 Southbrook Dr Sauk Village IL 60411  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Nature of Lien. Check all that apply.                                                                                                                                                 | \$_48,600.00         | \$ <u>196,940.00</u> | \$ <u>0.00</u> |
|      | Creditor's Name Ralph Metcalf Federal Building Number Street  Chicago IL 60604 City State Zip Code  Who owes the debt? Check one.  Debtor 1 only                                                                                                                    | As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Nature of Lien. Check all that apply.  An agreement you made (such as mortgage or secured                                                                                                                                        | \$_48,600.00         | \$ <u>196,940.00</u> | \$ <u>0.00</u> |
|      | Creditor's Name Ralph Metcalf Federal Building Number Street  Chicago IL 60604 City State Zip Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only                                                                                                      | As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Nature of Lien. Check all that apply.  An agreement you made (such as mortgage or secured car loan)                                                                                                                              | \$_48,600.00         | \$ <u>196,940.00</u> | \$ <u>0.00</u> |
| _    | Creditor's Name Ralph Metcalf Federal Building Number Street  Chicago IL 60604 City State Zip Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only                                                                           | 22811 Southbrook Dr Sauk Village IL 60411  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Nature of Lien. Check all that apply.  An agreement you made (such as mortgage or secured car loan)  Statutory lien (such as tax lien, mechanic's lien)                               | \$_48,600.00         | \$ <u>196,940.00</u> | \$ <u>0.00</u> |
| _    | Creditor's Name Ralph Metcalf Federal Building Number Street  Chicago IL 60604 City State Zip Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim relates to a | 22811 Southbrook Dr Sauk Village IL 60411  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Nature of Lien. Check all that apply.  An agreement you made (such as mortgage or secured car loan)  Statutory lien (such as tax lien, mechanic's lien)  Judgment lien from a lawsuit | \$_48,600.00         | \$ <u>196,940.00</u> | \$ <u>0.00</u> |
| _    | Creditor's Name Ralph Metcalf Federal Building Number Street  Chicago IL 60604 City State Zip Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another                                   | As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Nature of Lien. Check all that apply.  An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset)          | \$_48,600.00         | \$ <u>196,940.00</u> | \$ <u>0.00</u> |
|      | Creditor's Name Ralph Metcalf Federal Building Number Street  Chicago IL 60604 City State Zip Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim relates to a | 22811 Southbrook Dr Sauk Village IL 60411  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Nature of Lien. Check all that apply.  An agreement you made (such as mortgage or secured car loan)  Statutory lien (such as tax lien, mechanic's lien)  Judgment lien from a lawsuit | \$_48,600.00         | \$ <u>196,940.00</u> | \$ <u>0.00</u> |

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

|                                                     |                                                             | Caso 17 11212                                                                                    | Doc 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Filod 04/10/17                                                                                                                                                               | Entered 04/10/17                                                                                     | 15:27:10                                                      | Desc Main                   |                          |
|-----------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-----------------------------|--------------------------|
| Fill in                                             | this info                                                   | ormation to identify your cas                                                                    | e:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                              | 1 of 60                                                                                              |                                                               |                             |                          |
| Debto                                               | r 1                                                         | Kelli I                                                                                          | Renee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Hardia                                                                                                                                                                       |                                                                                                      |                                                               |                             |                          |
|                                                     |                                                             | First Name N                                                                                     | liddle Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Last Name                                                                                                                                                                    |                                                                                                      |                                                               |                             |                          |
| Debto                                               |                                                             |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                              |                                                                                                      |                                                               |                             |                          |
| (Spouse                                             | , if filing)                                                | First Name N                                                                                     | liddle Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Last Name                                                                                                                                                                    |                                                                                                      |                                                               |                             |                          |
| United                                              | l States B                                                  | ankruptcy Court for the : <u>NORT</u>                                                            | THERN Distr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                              |                                                                                                      |                                                               |                             |                          |
| Case                                                | Number _                                                    |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (State)                                                                                                                                                                      |                                                                                                      |                                                               | Check if                    | this is an               |
| (If kno                                             | wn)                                                         |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                              |                                                                                                      |                                                               | amended                     | d filing                 |
| <u>Offici</u>                                       | al Fo                                                       | orm 106E/F                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                              |                                                                                                      |                                                               |                             |                          |
| Sche                                                | dule i                                                      | E/F: Creditors Who                                                                               | o Have                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Unsecured Claims                                                                                                                                                             |                                                                                                      |                                                               |                             | 12/15                    |
| ist the c<br>/ <i>B: Prop</i><br>reditors<br>eeded, | other par<br>perty (Or<br>with pa<br>copy the<br>y addition | rty to any executory contract<br>fficial Form 106A/B) and on S<br>rtially secured claims that ar | ts or unexpires or unexpires or unexpires or content of the conten | creditors with PRIORITY claims red leases that could result in a Executory Contracts and Une chedule D: Creditors Who Havitries in the boxes on the left. A mber (if known). | a claim. Also list executory co<br>xpired Leases (Official Form of<br>the Claims Secured by Property | ntracts on Sched<br>106G). Do not incl<br>y. If more space is | <i>ul</i> e<br>ude any<br>s |                          |
| 1. <b>Do a</b>                                      | ny credi                                                    | itors have priority unsecured                                                                    | l claims agai                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | inst you?                                                                                                                                                                    |                                                                                                      |                                                               |                             |                          |
| 1                                                   | No. Go t                                                    | to Part 2.                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                              |                                                                                                      |                                                               |                             |                          |
|                                                     | res.                                                        |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                              |                                                                                                      |                                                               |                             |                          |
| each<br>non                                         | n claim list                                                | sted, identify what type of clai<br>mounts. As much as possible                                  | m it is. If a cla<br>, list the clain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | has more than one priority unso<br>aim has both priority and nonprins<br>in alphabetical order according<br>to 1. If more than one creditor hole                             | ority amounts, list that claim he                                                                    | ere and show both to have more than to                        | priority and<br>wo priority |                          |
|                                                     |                                                             |                                                                                                  | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | uctions for this form in the instru                                                                                                                                          | ·                                                                                                    | ner creditors in r a                                          | 11 5.                       |                          |
|                                                     |                                                             |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                              |                                                                                                      | Total claim                                                   | Priority<br>amount          | Nonpriority amount       |
|                                                     | Li                                                          | st All of Your NONPRIORITY U                                                                     | nsecured Cla                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ims                                                                                                                                                                          |                                                                                                      |                                                               | amount                      | amount                   |
| Part 2                                              | 1                                                           |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                              |                                                                                                      |                                                               |                             |                          |
| _                                                   | -                                                           | itors have nonpriority unsec                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                              |                                                                                                      |                                                               |                             |                          |
|                                                     |                                                             | have nothing to report in this                                                                   | part. Submit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | t this form to the court with your                                                                                                                                           | other schedules.                                                                                     |                                                               |                             |                          |
|                                                     | res.                                                        | ur nonnriority uncocured ala                                                                     | ima in the al                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | phabetical order of the credito                                                                                                                                              | www.ho.ho.ldo.oooh.oloim lfo.o                                                                       | raditar has mare th                                           | on one                      |                          |
| nonț<br>inclu                                       | oriority unded in P                                         | nsecured claim, list the credito                                                                 | or separately<br>or holds a par                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | for each claim. For each claim liticular claim, list the other credi                                                                                                         | listed, identify what type of clair                                                                  | m it is. Do not list o                                        | laims already               |                          |
| 41 /                                                | Advance                                                     | d Urgent Care                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _ast 4 digits of account number                                                                                                                                              |                                                                                                      |                                                               |                             | Total claim<br>\$ 300.00 |
| <del>4.1</del> C                                    | reditor's Na                                                |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | When was the debt incurred?                                                                                                                                                  | 2012                                                                                                 |                                                               |                             | ·                        |
| ١                                                   | lumber                                                      | Street                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                              |                                                                                                      |                                                               |                             |                          |
| _                                                   |                                                             |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | As of the date you file, the claim                                                                                                                                           | is: Check all that apply.                                                                            |                                                               |                             |                          |
| C                                                   | Orland Pa                                                   | ark IL 6046                                                                                      | <u>ы</u> Г                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Contingent Unliquidated                                                                                                                                                      |                                                                                                      |                                                               |                             |                          |
|                                                     | City                                                        | State Zip C he debt? Check one.                                                                  | ode                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Disputed                                                                                                                                                                     |                                                                                                      |                                                               |                             |                          |
|                                                     | Debtor 1                                                    |                                                                                                  | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>-</b>                                                                                                                                                                     |                                                                                                      |                                                               |                             |                          |
| =                                                   | Debtor 2                                                    | •                                                                                                | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Type of NONPRIORITY unsecured                                                                                                                                                | d claim:                                                                                             |                                                               |                             |                          |
|                                                     | Debtor 1                                                    | and Debtor 2 only                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Student loans                                                                                                                                                                |                                                                                                      |                                                               |                             |                          |
|                                                     | At least o                                                  | ne of the debtors and another                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Obligations arising out of a separ                                                                                                                                           |                                                                                                      |                                                               |                             |                          |
|                                                     |                                                             | this claim relates to a                                                                          | Г                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | that you did not report as priority                                                                                                                                          |                                                                                                      |                                                               |                             |                          |
| ls t                                                |                                                             | subject to offest?                                                                               | L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Debts to pension or profit-sharing                                                                                                                                           | g pians, and other Similar debts                                                                     |                                                               |                             |                          |
|                                                     | No                                                          |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Other. Specify Medical Debt                                                                                                                                                  | <u>.                                    </u>                                                         |                                                               |                             |                          |
|                                                     | Yes                                                         |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                              |                                                                                                      |                                                               |                             |                          |

Doc 1 Filed 04/10/17 Entered 04/10/17 15:27:10 Desc Main Case 17-11313 Page 22 of 60 Case Number (if known) Document Kelli Renee Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim** American Honda Finance \$ 8,539.00 Last 4 digits of account number \_ Creditor's Name 2013-2017 2170 Point Blvd Ste 100 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent 60123 Elgin Unliquidated City State Zip Code Disputed Who owes the debt? Check one Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Student loans Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offest? No Other. Specify Deficiency, Repo'd/Surr'd Auto Yes ARS Account Resolution \$ 85.00 Last 4 digits of account number 4.3 2015-2017 1643 Harrison Pkwy Ste 1 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent 33323 Sunrise FL Unliquidated City State Zip Code Disputed Who owes the debt? Check one. Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Check if this claim relates to a Debts to pension or profit-sharing plans, and other similar debts community debt Is the claim subject to offest? No Other. Specify Medical Debt Yes Capital ONE BANK USA N **NULL** \$ 919.00 4.4 Last 4 digits of account number Creditor's Name 2012-2016 15000 Capital One Dr When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Richmond 23238 Unliquidated City State Zip Code

| Debtor 1   | Case 17-11313  Kelli Renee First Name Middle Nam  Your NONPRIORITY Unsecured C                                                                                | ne            | Document<br>Last Name                                                                                                                           | Entered 04/10/17 15:27:10<br>Page 23 of 60<br>Case Number (if known) | Desc Main | _                  |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-----------|--------------------|
| After list | ting any entries on this page, numbe                                                                                                                          | r them beginn | ing with 4.4, followed by 4.5                                                                                                                   | 5, and so forth.                                                     |           | Total Claim        |
| 4.5        | City of Chicago - Dept of Revenue  Creditor's Name  121 N. LaSalle St  Number Street                                                                          |               | ast 4 digits of account numbe                                                                                                                   | r                                                                    |           | \$ <u>400.00</u>   |
| W          | Room 107  Chicago IL 6060 City State Zip Cho owes the debt? Check one.  Debtor 1 only                                                                         |               | s of the date you file, the clair  Contingent  Unliquidated  Disputed                                                                           | n is: Check all that apply.                                          |           |                    |
|            | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt the claim subject to offest? |               | ype of NONPRIORITY unsecur  Student loans  Obligations arising out of a sep that you did not report as priori  Debts to pension or profit-shari | aration agreement or divorce                                         |           |                    |
|            | No<br>Yes                                                                                                                                                     |               | Other. Specify Fines                                                                                                                            |                                                                      |           |                    |
| 4.0        | COMENITY BANK/Roompice Creditor's Name Po Box 182789 Number Street                                                                                            | w             | ast 4 digits of account numbe hen was the debt incurred?                                                                                        | 2014-2015                                                            |           | \$ <u>2,534.00</u> |
| -          |                                                                                                                                                               | _ ^           | • •                                                                                                                                             | п із. Спеск ан шасарріу.                                             |           |                    |

| 121 N. LaSalle St                                 | When was the debt incurred?                                              |                    |
|---------------------------------------------------|--------------------------------------------------------------------------|--------------------|
| Number Street                                     | <del></del>                                                              |                    |
| Room 107                                          | As of the date you file the claim is: Check all that each                |                    |
|                                                   | As of the date you file, the claim is: Check all that apply.  Contingent |                    |
| Chicago IL 60602                                  | Unliquidated                                                             |                    |
| City State Zip Code                               |                                                                          |                    |
| Who owes the debt? Check one.                     | Disputed                                                                 |                    |
| Debtor 1 only                                     |                                                                          |                    |
| Debtor 2 only                                     | Type of NONPRIORITY unsecured claim:                                     |                    |
| Debtor 1 and Debtor 2 only                        | ☐ Student loans                                                          |                    |
| At least one of the debtors and another           | Obligations arising out of a separation agreement or divorce             |                    |
| Check if this claim relates to a                  | that you did not report as priority claims                               |                    |
| community debt  Is the claim subject to offest?   | Debts to pension or profit-sharing plans, and other similar debts        |                    |
| No                                                | Tay a v Fine                                                             |                    |
| Yes                                               | Other. Specify Fines                                                     |                    |
| 4.6 COMENITY BANK/Roompice                        | Last 4 digits of account number NULL                                     | <b>\$</b> 2,534.00 |
| Creditor's Name                                   |                                                                          | -                  |
| Po Box 182789                                     | When was the debt incurred? 2014-2015                                    |                    |
| Number Street                                     |                                                                          |                    |
|                                                   | As of the date you file, the claim is: Check all that apply.             |                    |
|                                                   | Contingent                                                               |                    |
| Columbus OH 43218                                 | Unliquidated                                                             |                    |
| City State Zip Code                               | Disputed                                                                 |                    |
| Who owes the debt? Check one.                     |                                                                          |                    |
| Debtor 1 only                                     |                                                                          |                    |
| Debtor 2 only                                     | Type of NONPRIORITY unsecured claim:                                     |                    |
| Debtor 1 and Debtor 2 only                        | ☐ Student loans                                                          |                    |
| At least one of the debtors and another           | Obligations arising out of a separation agreement or divorce             |                    |
| Check if this claim relates to a                  | that you did not report as priority claims                               |                    |
| community debt Is the claim subject to offest?    | Debts to pension or profit-sharing plans, and other similar debts        |                    |
| No                                                | Other. Specify Credit Card or Credit Use                                 |                    |
| Yes                                               | Outer. Specify                                                           |                    |
| 4.7 Credit ONE BANK N.A.                          | Last 4 digits of account number 7949                                     | \$ <u>1,547.00</u> |
| Creditor's Name                                   | 2045 2046                                                                |                    |
| Po Box 10497                                      | When was the debt incurred? 2015-2016                                    |                    |
| Number Street                                     |                                                                          |                    |
|                                                   | As of the date you file, the claim is: Check all that apply.             |                    |
| 0 "                                               | Contingent                                                               |                    |
| Greenville SC 29603                               | Unliquidated                                                             |                    |
| City State Zip Code Who owes the debt? Check one. | Disputed                                                                 |                    |
| Debtor 1 only                                     | _                                                                        |                    |
| Debtor 2 only                                     | Type of NONPRIORITY unsecured claim:                                     |                    |
| Debtor 1 and Debtor 2 only                        | Student loans                                                            |                    |
| At least one of the debtors and another           | Obligations arising out of a separation agreement or divorce             |                    |
| Check if this claim relates to a                  | that you did not report as priority claims                               |                    |
| community debt                                    | Debts to pension or profit-sharing plans, and other similar debts        |                    |
| Is the claim subject to offest?                   | <del>_</del>                                                             |                    |
| No                                                | Other. Specify Unknown Credit Extension                                  |                    |
| Yes                                               | <del>-</del>                                                             |                    |

Official Form 106E/F

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\$ 10,000.00 Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Check if this claim relates to a Debts to pension or profit-sharing plans, and other similar debts community debt Is the claim subject to offest? No Other. Specify Fines Yes Merchants Credit Guide 1526 \$ 137.00 Last 4 digits of account number 4.13 Creditor's Name 2015-2016 223 W Jackson Blvd Ste 4 When was the debt incurred? Street Number As of the date you file, the claim is: Check all that apply. Contingent Chicago 60606 Unliquidated City State Zip Code Disputed Who owes the debt? Check one. Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offest? No Medical Debt Other. Specify \_\_

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| 4.14 | Merchants Credit Guide                  | Last 4 digits of account number 1470                              | \$ 369.00           |
|------|-----------------------------------------|-------------------------------------------------------------------|---------------------|
|      | Creditor's Name                         |                                                                   |                     |
|      | 223 W Jackson Blvd Ste 4                | When was the debt incurred? 2015-2016                             |                     |
|      |                                         |                                                                   |                     |
|      | Number Street                           |                                                                   |                     |
|      |                                         | As of the date you file, the claim is. Check all that apply       |                     |
|      |                                         | As of the date you file, the claim is: Check all that apply.      |                     |
|      |                                         | Contingent                                                        |                     |
|      | Chicago IL 60606                        | Unliquidated                                                      |                     |
|      | City State Zip Code                     |                                                                   |                     |
| ١ ,  | Who owes the debt? Check one.           | Disputed                                                          |                     |
|      | Dahtar 4 ank                            |                                                                   |                     |
|      | Debtor 1 only                           |                                                                   |                     |
|      | Debtor 2 only                           | Type of NONPRIORITY unsecured claim:                              |                     |
|      | Debtor 1 and Debtor 2 only              | Student loans                                                     |                     |
|      | =                                       |                                                                   |                     |
|      | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce      |                     |
|      | Check if this claim relates to a        | that you did not report as priority claims                        |                     |
|      | community debt                          | Debts to pension or profit-sharing plans, and other similar debts |                     |
|      | Is the claim subject to offest?         |                                                                   |                     |
|      |                                         | - W.E. 1811                                                       |                     |
|      | No                                      | Other. Specify Medical Debt                                       |                     |
|      | Yes                                     |                                                                   |                     |
| 4.15 | Mohela/DEPT OF ED                       | Last 4 digits of account number 0002                              | <b>\$_43,246.00</b> |
| L5   | Creditor's Name                         | <del></del> _                                                     |                     |
|      | 633 Spirit Dr                           | When was the debt incurred? 2008-2016                             |                     |
|      |                                         | Then was the dest meaned:                                         |                     |
|      | Number Street                           |                                                                   |                     |
|      |                                         | As of the date you file, the claim is: Check all that apply.      |                     |
|      |                                         |                                                                   |                     |
|      | Objects (Fals)                          | Contingent                                                        |                     |
|      | Chesterfield MO 63005                   | Unliquidated                                                      |                     |
|      | City State Zip Code                     | Disputed                                                          |                     |
| '    | Who owes the debt? Check one.           | Disputed                                                          |                     |
|      | Debtor 1 only                           |                                                                   |                     |
|      | Debtor 2 only                           | Type of NONPRIORITY unsecured claim:                              |                     |
|      |                                         |                                                                   |                     |
|      | Debtor 1 and Debtor 2 only              | Student loans                                                     |                     |
|      | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce      |                     |
|      | Charle if this alaim valator to a       | that you did not report as priority claims                        |                     |
|      | Check if this claim relates to a        |                                                                   |                     |
|      | community debt                          | Debts to pension or profit-sharing plans, and other similar debts |                     |
|      | Is the claim subject to offest?         |                                                                   |                     |
|      | No                                      | Other. Specify                                                    |                     |
|      | Yes                                     |                                                                   |                     |
| 4.16 | React Physical Therapy                  | Last 4 digits of account number                                   | \$ 2,000.00         |
| 4.10 |                                         |                                                                   | *                   |
|      | Creditor's Name                         | When was the debt incurred? 2013                                  |                     |
|      | 225 S. Sangamon                         | when was the debt incurred?                                       |                     |
|      | Number Street                           |                                                                   |                     |
|      |                                         | As of the date you file the claim is: Check all that apply        |                     |
|      |                                         | As of the date you file, the claim is: Check all that apply.      |                     |
|      | Objects                                 | Contingent                                                        |                     |
|      | Chicago IL 60607                        | Unliquidated                                                      |                     |
|      | City State Zip Code                     | Disputed                                                          |                     |
| '    | Who owes the debt? Check one.           | Disputed                                                          |                     |
|      | Debtor 1 only                           |                                                                   |                     |
|      | Debtor 2 only                           | Type of NONPRIORITY unsecured claim:                              |                     |
|      | =                                       |                                                                   |                     |
|      | Debtor 1 and Debtor 2 only              | Student loans                                                     |                     |
|      | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce      |                     |
|      | Check if this claim relates to a        | that you did not report as priority claims                        |                     |
|      | community debt                          |                                                                   |                     |
|      | •                                       | Debts to pension or profit-sharing plans, and other similar debts |                     |
|      | Is the claim subject to offest?         |                                                                   |                     |
|      | No                                      | Other. Specify Medical Debt                                       |                     |
|      | Yes                                     | <del>-</del>                                                      |                     |

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| Creditor's Name<br>601 Nw 2Nd St                  | When was the debt incurred? 2014-2016                             |                  |
|---------------------------------------------------|-------------------------------------------------------------------|------------------|
| Number Street                                     |                                                                   |                  |
|                                                   | As of the date you file, the claim is: Check all that apply.      |                  |
|                                                   | Contingent                                                        |                  |
| Evansville IN 47708                               | Unliquidated                                                      |                  |
| City State Zip Code Who owes the debt? Check one. | Disputed                                                          |                  |
| Debtor 1 only                                     |                                                                   |                  |
| Debtor 2 only                                     | Type of NONPRIORITY unsecured claim:                              |                  |
| Debtor 1 and Debtor 2 only                        | Student loans                                                     |                  |
| At least one of the debtors and another           | Obligations arising out of a separation agreement or divorce      |                  |
| Check if this claim relates to a                  | that you did not report as priority claims                        |                  |
| community debt                                    | Debts to pension or profit-sharing plans, and other similar debts |                  |
| Is the claim subject to offest?                   |                                                                   |                  |
| No                                                | Other. Specify Personal Loan                                      |                  |
| Yes                                               | —                                                                 | 500.00           |
| 4.18 Syncb/WALMART DC                             | Last 4 digits of account number NULL                              | \$ <u>500.00</u> |
| Creditor's Name Po Box 965024                     | When was the debt incurred? 2013-2016                             |                  |
| Number Street                                     |                                                                   |                  |
| - Names.                                          |                                                                   |                  |
|                                                   | As of the date you file, the claim is: Check all that apply.      |                  |
| Orlando FL 32896                                  | Contingent                                                        |                  |
| City State Zip Code                               | Unliquidated                                                      |                  |
| Who owes the debt? Check one.                     | Disputed                                                          |                  |
| Debtor 1 only                                     |                                                                   |                  |
| Debtor 2 only                                     | Type of NONPRIORITY unsecured claim:                              |                  |
| Debtor 1 and Debtor 2 only                        | Student loans                                                     |                  |
| At least one of the debtors and another           | Obligations arising out of a separation agreement or divorce      |                  |
| Check if this claim relates to a                  | that you did not report as priority claims                        |                  |
| community debt                                    | Debts to pension or profit-sharing plans, and other similar debts |                  |
| Is the claim subject to offest?                   |                                                                   |                  |
| No ☐ Yes                                          | Other. Specify Credit Card or Credit Use                          |                  |
| 4.19 Synchrony BANK                               | Last 4 digits of account number 4691                              | <b>\$</b> 617.00 |
| Creditor's Name                                   |                                                                   | *                |
| 2365 Northside Dr Ste 30                          | When was the debt incurred? 2016-2017                             |                  |
| Number Street                                     |                                                                   |                  |
|                                                   | As of the date you file, the claim is: Check all that apply.      |                  |
|                                                   | Contingent                                                        |                  |
| San Diego CA 92108                                | Unliquidated                                                      |                  |
| City State Zip Code Who owes the debt? Check one. | Disputed                                                          |                  |
| Debtor 1 only                                     |                                                                   |                  |
| Debtor 2 only                                     | Tune of NONDRIGHTY unconsured eleims                              |                  |
| Debtor 1 and Debtor 2 only                        | Type of NONPRIORITY unsecured claim: Student loans                |                  |
| At least one of the debtors and another           | Obligations arising out of a separation agreement or divorce      |                  |
|                                                   | that you did not report as priority claims                        |                  |
| Check if this claim relates to a community debt   | Debts to pension or profit-sharing plans, and other similar debts |                  |
| Is the claim subject to offest?                   |                                                                   |                  |
| No                                                | Other. Specify Unknown Credit Extension                           |                  |
| Yes                                               |                                                                   |                  |

Record # 742075

Filed 04/10/17 Entered 04/10/17 15:27:10 Desc Main Case 17-11313 Doc 1 Page 28 of 60 Case Number (if known) **Dacument** Kelli Renee Debtor 1 First Name Verizon Wireless \$ 4,500.00 4.20 Last 4 digits of account number Creditor's Name PO Box 790406 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Saint Louis Unliquidated City State Zip Code Disputed Who owes the debt? Check one. Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Student loans Debtor 1 and Debtor 2 only At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offest? Other. Specify \_\_\_\_Utility Bills/Cellular Service List Others to Be Notified for a Debt That You Already Listed Part 3: 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Midland Funding, LLC On which entry in Part 1 or Part 2 list the original creditor? Name 8875 Aero Drive, # 200 Line 20 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Number

Last 4 digits of account number \_\_\_\_\_

CA 92123

State Zip Code

San Diego

City

Case 17-11313 Doc 1 Filed 04/10/17 Entered 04/10/17 15:27:10 Desc Main Page 29 of 60 Case Number (if known)

Kelli Debtor 1

Renee

**բ**զշսment

Add the Amounts for Each Type of Unsecured Claim

| 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. |
|------------------------------------------------------------------------------------------------------------------------------------------|
| Add the amounts for each type of unsecured claim.                                                                                        |

|                             |                                                                                                                                                                                                  |            | Total claim |                                   |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------|-----------------------------------|
| Total claims                | 6a. Domestic support obligations                                                                                                                                                                 | 6a.        | \$          | 0.00                              |
| from Part 1                 | 6b. Taxes and Certain other debts you owe the government                                                                                                                                         | 6b.        | \$          | 0.00                              |
|                             | 6c. Claims for death or personal injury while you were intoxicated                                                                                                                               | 6c.        | \$          | 0.00                              |
|                             | 6d. <b>Other.</b> Add all other priority unsecured claims. Write that amount here.                                                                                                               | 6d.        | \$          | 0.00                              |
|                             | 6e. <b>Total.</b> Add lines 6a through 6d.                                                                                                                                                       | 6e.        | \$          | 0.00                              |
|                             |                                                                                                                                                                                                  |            | Total claim |                                   |
|                             |                                                                                                                                                                                                  |            |             |                                   |
| Total claims                | 6f. Student loans                                                                                                                                                                                | 6f.        | \$          | 43,246.00                         |
| Total claims<br>from Part 2 | 6f. Student loans  6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims                                                                   | 6f.<br>6g. | \$<br>\$    | <u>43,246</u> .00<br><u>0</u> .00 |
|                             | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority                                                                                             |            | *           |                                   |
|                             | <ul> <li>6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>6h. Debts to pension or profit-sharing plans, and other</li> </ul> | 6g.        | \$          | 0.00                              |

|             |                      | Caso 17                              |                                                                                           | Filod 04/10/17                                            | Entor       |                                                 | 15:27:10                             | Desc Main                       |       |
|-------------|----------------------|--------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------|-------------------------------------------------|--------------------------------------|---------------------------------|-------|
| Fil         | l in this in         | formation to iden                    | tify your case:                                                                           |                                                           |             | 0 of 60                                         |                                      |                                 |       |
| De          | ebtor 1              | Kelli                                | Renee                                                                                     | Hardia                                                    | -           |                                                 |                                      |                                 |       |
| De          | ebtor 2              | First Name                           | Middle Name                                                                               | Last Name                                                 |             |                                                 |                                      |                                 |       |
|             | ouse, if filing)     | First Name                           | Middle Name                                                                               | Last Name                                                 | -           |                                                 |                                      |                                 |       |
| Ur          | nited States         | Bankruptcy Court for                 | r the : <u>NORTHERN</u> District of _                                                     |                                                           |             |                                                 |                                      |                                 |       |
|             | ase Number<br>known) |                                      |                                                                                           | (State)                                                   |             |                                                 |                                      | Check if this is amended filing |       |
| Offi        | cial F               | orm 106G                             |                                                                                           |                                                           |             |                                                 |                                      |                                 |       |
|             |                      |                                      | ory Contracts and                                                                         | Unexpired Lea                                             | ises        |                                                 |                                      |                                 | 12/15 |
| Be as       | complete             | and accurate as<br>nore space is nee | possible. If two married peopleded, copy the additional page e and case number (if known) | e are filing together, bot<br>, fill it out, number the e | h are equal | ly responsible for su<br>attach it to this page | pplying correct<br>. On the top of a | iny                             |       |
| 1. <b>D</b> | _                    | -                                    | contracts or unexpired leases                                                             |                                                           |             |                                                 |                                      |                                 |       |
|             | _                    |                                      | submit this form to the court with                                                        |                                                           |             |                                                 |                                      |                                 |       |
| L           | → Yes. Fil           | I in all of the inforn               | nation below even if the contrac                                                          | ts or leases are listed in                                | Schedule A  | A/B: Property (Official                         | Form 106A/B)                         |                                 |       |
| ex          |                      | nt, vehicle lease,                   | or company with whom you ha<br>cell phone). See the instruction                           |                                                           |             |                                                 |                                      |                                 |       |
|             |                      |                                      | nom you have the contract or                                                              | lease                                                     |             | State what the                                  | contract or lease                    | e is for                        |       |
| 2.1         |                      |                                      |                                                                                           |                                                           |             |                                                 |                                      |                                 |       |
|             | Name                 |                                      |                                                                                           |                                                           | _           |                                                 |                                      |                                 |       |
|             | Number               | Street                               |                                                                                           |                                                           | _           |                                                 |                                      |                                 |       |
|             | City                 |                                      | State Zip                                                                                 | Code                                                      | _           |                                                 |                                      |                                 |       |
| 2.2         |                      |                                      |                                                                                           |                                                           |             |                                                 |                                      |                                 |       |
|             | Name                 |                                      |                                                                                           |                                                           | _           |                                                 |                                      |                                 |       |
|             | Number               | Street                               |                                                                                           |                                                           | _           |                                                 |                                      |                                 |       |
|             | City                 |                                      | State Zip                                                                                 | Code                                                      | _           |                                                 |                                      |                                 |       |
| 2.3         |                      |                                      |                                                                                           |                                                           |             |                                                 |                                      |                                 |       |
|             | Name                 |                                      |                                                                                           |                                                           | _           |                                                 |                                      |                                 |       |
|             | Number               | Street                               |                                                                                           |                                                           | _           |                                                 |                                      |                                 |       |
|             | City                 |                                      | State Zip                                                                                 | Code                                                      | _           |                                                 |                                      |                                 |       |
| 2.4         |                      |                                      |                                                                                           |                                                           |             |                                                 |                                      |                                 |       |
|             | Name                 |                                      |                                                                                           |                                                           | _           |                                                 |                                      |                                 |       |
|             | Number               | Street                               |                                                                                           |                                                           | _           |                                                 |                                      |                                 |       |
|             | City                 |                                      | State Zip                                                                                 | Code                                                      | _           |                                                 |                                      |                                 |       |
| 2.5         |                      |                                      |                                                                                           |                                                           |             |                                                 |                                      |                                 |       |
|             | Name                 |                                      |                                                                                           |                                                           | -           |                                                 |                                      |                                 |       |
|             | Number               | Street                               |                                                                                           |                                                           | _           |                                                 |                                      |                                 |       |
|             |                      | 5.1.55.                              |                                                                                           |                                                           |             |                                                 |                                      |                                 |       |

State Zip Code

City

| Fill in this in     | Fill in this information to identify your case: |                                         |           |  |  |  |
|---------------------|-------------------------------------------------|-----------------------------------------|-----------|--|--|--|
| Debtor 1            | Kelli                                           | Renee                                   | Hardia    |  |  |  |
|                     | First Name                                      | Middle Name                             | Last Name |  |  |  |
| Debtor 2            | -                                               |                                         |           |  |  |  |
| (Spouse, if filing) | First Name                                      | Middle Name                             | Last Name |  |  |  |
| United States       | s Bankruptcy Court f                            | for the : <u>NORTHERN</u> District of _ | ILLINOIS_ |  |  |  |
| Case Number         | (State)                                         |                                         |           |  |  |  |
| (If known)          |                                                 |                                         |           |  |  |  |

# Official Form 106H

Schedule H: Your Codebtors 12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

| ny Additional Pages, write your name and case number (if known). Answer every question. |                                                                                                          |                                                                      |                                 |                                         |                                                     |  |  |
|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------|-----------------------------------------|-----------------------------------------------------|--|--|
| 1. <b>D</b>                                                                             | 1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.) |                                                                      |                                 |                                         |                                                     |  |  |
|                                                                                         | □ No.                                                                                                    |                                                                      |                                 |                                         |                                                     |  |  |
|                                                                                         | Yes                                                                                                      |                                                                      |                                 |                                         |                                                     |  |  |
|                                                                                         |                                                                                                          | <b>8 years, have you lived in a</b><br>rnia, Idaho, Lousiiana, Nevad |                                 | - · · · · · · · · · · · · · · · · · · · | property states and territories include Wisconsin.) |  |  |
|                                                                                         | No. Go to I                                                                                              | ine 3.                                                               |                                 |                                         |                                                     |  |  |
|                                                                                         | Yes. Did yo                                                                                              | our spouse, former spouse, o                                         | or legal equivalent live with y | ou at the time?                         |                                                     |  |  |
|                                                                                         |                                                                                                          | nwhich community state or t                                          | erritory did you live?          | Fill in the                             | name and current address of that person.            |  |  |
|                                                                                         |                                                                                                          |                                                                      |                                 |                                         |                                                     |  |  |
|                                                                                         | Name of                                                                                                  | your spouse, former spouse or legal e                                | equivalent                      |                                         |                                                     |  |  |
|                                                                                         | Number                                                                                                   | Street                                                               |                                 |                                         |                                                     |  |  |
|                                                                                         | City                                                                                                     |                                                                      | State                           | Zip Code                                |                                                     |  |  |
| 3. <b>I</b> n                                                                           | Column 1, lis                                                                                            | st all of your codebtors. Do                                         | not include your spouse a       | s a codebtor if your spous              | se is filing with you. List the person              |  |  |
|                                                                                         |                                                                                                          | •                                                                    |                                 |                                         | you have listed the creditor on                     |  |  |
|                                                                                         | -                                                                                                        | fficial Form 106D), Schedul<br>or Schedule G to fill out Co          |                                 | ), or Schedule G (Official I            | Form 106G). Use Schedule D,                         |  |  |
| J                                                                                       | circuaic En ,                                                                                            | or deficultie of to fill out oc                                      |                                 |                                         |                                                     |  |  |
|                                                                                         | Column 1: Yo                                                                                             | our codebtor                                                         |                                 |                                         | Column 2: The creditor to whom you owe the debt     |  |  |
|                                                                                         |                                                                                                          |                                                                      |                                 |                                         | Check all schedules that apply:                     |  |  |
| 3.1                                                                                     | Kyle Butler                                                                                              |                                                                      |                                 |                                         | Schedule D, line1                                   |  |  |
|                                                                                         | Name<br>22811 Sout                                                                                       | thbrook Dr                                                           |                                 |                                         | Schedule E/F, line                                  |  |  |
|                                                                                         | Number                                                                                                   | Street                                                               |                                 |                                         |                                                     |  |  |
|                                                                                         | Sauk Villag                                                                                              |                                                                      | IL                              | 60411                                   | Schedule G, line                                    |  |  |
|                                                                                         | City                                                                                                     |                                                                      | State                           | Zip Code                                |                                                     |  |  |
| 3.2                                                                                     |                                                                                                          |                                                                      |                                 |                                         | Schedule D, line                                    |  |  |
|                                                                                         | Name                                                                                                     |                                                                      |                                 |                                         | Schedule E/F, line                                  |  |  |
|                                                                                         | Number                                                                                                   | Street                                                               |                                 |                                         | Schedule G, line                                    |  |  |
|                                                                                         | City                                                                                                     |                                                                      | State                           | Zip Code                                |                                                     |  |  |
| 3.3                                                                                     |                                                                                                          |                                                                      |                                 |                                         | Schedule D, line                                    |  |  |
|                                                                                         | Name                                                                                                     |                                                                      |                                 |                                         | Schedule E/F, line                                  |  |  |
|                                                                                         | Number                                                                                                   | Street                                                               |                                 |                                         | Schedule G, line                                    |  |  |
|                                                                                         | City                                                                                                     |                                                                      | State                           | Zip Code                                |                                                     |  |  |

|                     |                      |                           | Document            | <u>Pade 32</u> 01 00                        |
|---------------------|----------------------|---------------------------|---------------------|---------------------------------------------|
| Fill in this ir     | formation to ident   | tify your case:           |                     |                                             |
| Debtor 1            | Kelli<br>First Name  | Renee<br>Middle Name      | Hardia<br>Last Name |                                             |
| Debtor 2            |                      |                           |                     |                                             |
| (Spouse, if filing) | First Name           | Middle Name               | Last Name           |                                             |
| United States       | Bankruptcy Court for | the : NORTHERN DISTRICT O | F ILLINOIS          |                                             |
| Case Numbe          | r                    |                           |                     | Check if this is:                           |
| (ii kilowii)        |                      |                           |                     | An amended filing                           |
|                     |                      |                           |                     | A supplement showing post-petition          |
|                     |                      |                           |                     | chapter 13 income as of the following date: |
| Official F          | orm 106I             |                           |                     | MM / DD / YYYY                              |

#### **Schedule I: Your Income**

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1: Describe Employment                                                                                                                                                                                                                                                                                                                                                                          |                          |                         |              |                                                |  |  |  |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------|--------------|------------------------------------------------|--|--|--|
| 1. | Fill in your employment information                                                                                                                                                                                                                                                                                                                                                                |                          | Debtor 1                |              | Debtor 2 or non-filing spouse                  |  |  |  |
|    | If you have more than one job, attach a separate page with information about additional employers.                                                                                                                                                                                                                                                                                                 | Employment status        | X Employed Not employed |              | Employed  Not employed                         |  |  |  |
|    | Include part-time, seasonal, or self-employed work.                                                                                                                                                                                                                                                                                                                                                | Occupation               | Installer               |              |                                                |  |  |  |
|    | Occupation may Include student or homemaker, if it applies.                                                                                                                                                                                                                                                                                                                                        | Employers name           | Webpass Inc             |              |                                                |  |  |  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                    | Employers address        | 262 7th Street          |              |                                                |  |  |  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                    |                          | San Francisco, CA       | A 94103      | <u>,                                      </u> |  |  |  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                    | How long employed there? | Since 2/1/2016          |              |                                                |  |  |  |
| Pa | rt 2: Give Details About Monthl                                                                                                                                                                                                                                                                                                                                                                    | y Income                 |                         |              |                                                |  |  |  |
|    | Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. |                          |                         |              |                                                |  |  |  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                         | For Debtor 1 | For Debtor 2 or non-filing spouse              |  |  |  |
| 2. | <ol> <li>List monthly gross wages, salary and commissions (before all payroll<br/>deductions). If not paid monthly, calculate what the monthly wage would be.</li> </ol>                                                                                                                                                                                                                           |                          |                         | \$4,822.54   | \$0.00                                         |  |  |  |
| 3. | 3. Estimate and list monthly overtime pay.                                                                                                                                                                                                                                                                                                                                                         |                          |                         | \$0.00       | \$0.00                                         |  |  |  |
| 4. | Calculate gross income. Add line                                                                                                                                                                                                                                                                                                                                                                   | e 2 + line 3.            |                         | \$4,822.54   | \$0.00                                         |  |  |  |

 Official Form 106I
 Record # 742075
 Schedule I: Your Income
 Page 1 of 2

Document Kelli Renee Debtor 1 Case Number (if known) First Name Last Name

|      |                         |                                                                                                                                                                                                                                                                 |                                  | For Debtor 1           |          | r Debtor 2 or<br>n-filing spouse |           |                                                  |
|------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------|----------|----------------------------------|-----------|--------------------------------------------------|
| (    | Сору                    | line 4 here                                                                                                                                                                                                                                                     | 4.                               | \$4,822.54             |          | \$0.00                           |           |                                                  |
|      |                         | payroll deductions:                                                                                                                                                                                                                                             | _                                |                        |          |                                  |           |                                                  |
|      |                         | ax, Medicare, and Social Security deductions                                                                                                                                                                                                                    | 5a.<br>                          | \$980.40               | _        | \$0.00                           |           |                                                  |
|      |                         | landatory contributions for retirement plans                                                                                                                                                                                                                    | 5b.                              | \$0.00                 |          | \$0.00                           |           |                                                  |
| į    | 5c. <b>V</b>            | oluntary contributions for retirement plans                                                                                                                                                                                                                     | 5c.<br>—                         | \$0.00                 | _        | \$0.00                           |           |                                                  |
|      |                         | Required repayments of retirement fund loans                                                                                                                                                                                                                    | 5d.<br>                          | \$0.00                 |          | \$0.00                           |           |                                                  |
|      |                         | nsurance                                                                                                                                                                                                                                                        | 5e.                              | \$213.87               | _        | \$0.00                           |           |                                                  |
|      |                         | Omestic support obligations                                                                                                                                                                                                                                     | 5f.<br>                          | \$0.00                 | _        | \$0.00                           |           |                                                  |
|      | _                       | Inion dues                                                                                                                                                                                                                                                      | 5g.<br>—                         | \$0.00                 | _        | \$0.00                           |           |                                                  |
|      |                         | Other deductions. Specify:                                                                                                                                                                                                                                      | 5h.<br>—                         | \$15.97                |          | \$0.00                           |           |                                                  |
|      |                         | <b>payroll deductions</b> . Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +5h.                                                                                                                                                                                      | 6.                               | \$1,210.24             | _        | \$0.00                           |           |                                                  |
|      |                         | te total monthly take-home pay. Subtract line 6 from line 4.                                                                                                                                                                                                    | 7.                               | \$3,612.31             |          | \$0.00                           |           |                                                  |
|      |                         | other income regularly received:                                                                                                                                                                                                                                |                                  |                        |          |                                  |           |                                                  |
| 8    | Ва.                     | Net income from rental property and from operating a business,                                                                                                                                                                                                  |                                  |                        |          |                                  |           |                                                  |
|      |                         | profession, or farm                                                                                                                                                                                                                                             |                                  |                        |          |                                  |           |                                                  |
|      |                         | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total                                                                                                                               |                                  |                        |          |                                  |           |                                                  |
|      |                         | monthly net income.                                                                                                                                                                                                                                             | 8a.                              | \$0.00                 |          | \$0.00                           |           |                                                  |
| 8    | Bb.                     | Interest and dividends                                                                                                                                                                                                                                          | 8b.                              | \$0.00                 |          | \$0.00                           |           |                                                  |
| 8    | Вс.                     | Family support payments that you, a non-filing spouse, or a                                                                                                                                                                                                     | 8c.                              | \$ 0.00                |          | \$ 0.00                          |           |                                                  |
|      |                         | dependent regularly receive                                                                                                                                                                                                                                     |                                  |                        |          |                                  |           |                                                  |
|      |                         | Include alimony, spousal support, child support, maintenance, divorce                                                                                                                                                                                           |                                  |                        |          |                                  |           |                                                  |
|      |                         | settlement, and property settlement.                                                                                                                                                                                                                            |                                  |                        |          |                                  |           |                                                  |
| 8    | 3d.                     | Unemployment compensation                                                                                                                                                                                                                                       | 8d.                              | \$0.00                 |          | \$0.00                           |           |                                                  |
| 8    | Be.                     | Social Security                                                                                                                                                                                                                                                 | 8e.                              | \$0.00                 |          | \$0.00                           |           |                                                  |
| 8    | 3f.                     | Other government assistance that you regularly receive                                                                                                                                                                                                          | 8f.                              | \$0.00                 |          | \$0.00                           |           |                                                  |
|      |                         | Include cash assistance and the value (if known) of any non-cash                                                                                                                                                                                                |                                  |                        |          |                                  |           |                                                  |
|      |                         | assistance that you receive, such as food stamps (benefits under the                                                                                                                                                                                            |                                  |                        |          |                                  |           |                                                  |
|      |                         | Supplemental Nutrition Assistance Program) or housing subsidies.                                                                                                                                                                                                |                                  |                        |          |                                  |           |                                                  |
|      | _                       | Specify:                                                                                                                                                                                                                                                        |                                  |                        |          |                                  |           |                                                  |
|      | 3g.                     | Pension or retirement income                                                                                                                                                                                                                                    | 8g.<br>—                         | \$0.00                 |          | \$0.00                           |           |                                                  |
|      |                         | Other monthly income. Specify:                                                                                                                                                                                                                                  | 8h.<br>—                         | \$0.00                 | _        | \$0.00                           |           |                                                  |
| 9.   | Add                     | all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.                                                                                                                                                                                               | 9                                | \$0.00                 |          | \$0.00                           |           |                                                  |
| 10.  | Calc                    | ulate monthly income. Add line 7 + line 9.                                                                                                                                                                                                                      | 10.                              | \$3,612.31             | - [      | \$0.00                           | Г         | \$3,612.31                                       |
| ,    | Add 1                   | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.                                                                                                                                                                                          | <u> </u>                         | <b>v</b> 0,012.01      | <u> </u> | 40.00                            | L         | <del>+++++++++++++++++++++++++++++++++++++</del> |
| <br> | nclue<br>other<br>Do ne | e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, you friends or relatives.  ot include any amounts already included in lines 2-10 or amounts that are notify: | our dependent<br>ot available to | ,                      |          |                                  | 11        | \$0.00                                           |
|      |                         | the amount in the last column of line 10 to the amount in line 11. The res                                                                                                                                                                                      |                                  | •                      | 4 a !!   |                                  | _<br>12 厂 | \$3,612.31                                       |
|      |                         | that amount on the Summary of Schedules and Statistical Summary of Ce                                                                                                                                                                                           |                                  | s and Related Data, if | ı applie | 5                                | 12.       | φυ,σ 12.31                                       |
|      | χÌ۱                     | ou expect an increase or decrease within the year after you file this form<br>No.<br>Yes. Explain:                                                                                                                                                              | ſ                                |                        |          |                                  |           |                                                  |

| FIII IN                           | this information to identif                                                    | y your case:                                               |                                                            |                                                                               |                   |                                              |
|-----------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------|----------------------------------------------|
| Debtor  Debtor  (Spouse,  United  | First Name  2  First Name                                                      | Renee  Middle Name  Middle Name  The : NORTHERN DISTRICT O | Hardia  Last Name  Last Name                               | ·                                                                             | •                 | t-petition chapter 13<br>date:               |
| Case N                            | lumber                                                                         |                                                            |                                                            | MM / DD / `                                                                   | YYYY              |                                              |
| (If knov                          |                                                                                |                                                            |                                                            | A separate                                                                    | filing for Debtor | 2 because Debtor 2                           |
|                                   | al Form 106J                                                                   |                                                            |                                                            | maintains a                                                                   | separate house    | ehold.                                       |
|                                   | dule J: Your E                                                                 | _                                                          |                                                            |                                                                               |                   | 12/14                                        |
|                                   | ce is needed, attach anot                                                      |                                                            |                                                            | are equally responsible for supplyi<br>ges, write your name and case nun      | =                 |                                              |
| Part 1:                           | Describe Your Housel                                                           | nold                                                       |                                                            |                                                                               |                   |                                              |
| 1. Is thi                         | No.                                                                            | n a separate household?<br>must file a separate Schedul    | e J.                                                       |                                                                               |                   |                                              |
|                                   | you have dependents?  not list Debtor 1 and                                    | No X Yes. Fill out                                         | this information for                                       | Dependent's relationship to<br>Debtor 1 or Debtor 2                           | Dependent's age   | Does dependent live with you?                |
|                                   | btor 2.                                                                        | each depend                                                | dent                                                       | Daughter                                                                      | 20                | No<br>X Yes                                  |
|                                   | not state the dependents'                                                      |                                                            |                                                            | Son                                                                           | 13                | No X Yes X No Yes X No Yes X No Yes X No Yes |
| ex                                | your expenses include<br>penses of people other th<br>urself and your dependen |                                                            |                                                            |                                                                               |                   |                                              |
| Part 2:                           | Estimate Your Ongoin                                                           | g Monthly Expenses                                         |                                                            |                                                                               |                   |                                              |
| expense<br>the appli<br>Include 6 | s as of a date after the ba<br>cable date.<br>expenses paid for with no        | · · · · ·                                                  | supplemental <i>Schedule J</i> , nce if you know the value | n as a supplement in a Chapter 13 on the check the box at the top of the form | m and fill in     | Your expenses                                |
|                                   | e rental or home ownersh                                                       | nip expenses for your reside                               | ence. Include first mortgage                               | payments and                                                                  | 4.                | \$1,653.00                                   |
|                                   | not included in line 4:                                                        |                                                            |                                                            |                                                                               | 4.                | ¥1,000.00                                    |
| 4a                                | . Real estate taxes                                                            |                                                            |                                                            |                                                                               | 4a.               | \$0.00                                       |
| 4b                                | . Property, homeowner's                                                        | , or renter's insurance                                    |                                                            |                                                                               | 4b.               | \$0.00                                       |
| 4c                                |                                                                                | pair, and upkeep expenses on or condominium dues           |                                                            |                                                                               | 4c.<br>4d.        | \$50.00<br>\$0.00                            |
| 40                                | . Homeowiel's associati                                                        | on or condominatin dues                                    |                                                            |                                                                               | <del>+</del> u.   | Ψ0.00                                        |

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Last Name

Case Number (if known) \_

Kelli Renee

Middle Name

Debtor 1

First Name

|     | First Name Middle Name Last Name                                                                      |      |             |          |
|-----|-------------------------------------------------------------------------------------------------------|------|-------------|----------|
|     |                                                                                                       |      | Your expens | es       |
| 5.  | Additional Mortgage payments for your residence, such as home equity loans                            | 5.   |             | \$0.00   |
| 6.  | Utilities:                                                                                            |      |             |          |
|     | 6a. Electricity, heat, natural gas                                                                    | 6a.  |             | \$250.00 |
|     | 6b. Water, sewer, garbage collection                                                                  | 6b.  |             | \$130.00 |
|     | 6c. Telephone, cell phone, internet, satellite, and cable service                                     | 6c.  |             | \$210.00 |
|     | 6d. Other. Specify:                                                                                   | 6d.  | \$          | 0.00     |
| 7.  | Food and housekeeping supplies                                                                        | 7.   |             | \$600.0  |
| 3.  | Childcare and children's education costs                                                              | 8.   |             | \$0.0    |
| 9.  | Clothing, laundry, and dry cleaning                                                                   | 9.   |             | \$100.0  |
| 10. | Personal care products and services                                                                   | 10.  |             | \$30.0   |
| 11. | Medical and dental expenses                                                                           | 11.  |             | \$50.00  |
| 12. | Transportation. Include gas, maintenance, bus or train fare.                                          | 12.  |             | \$320.00 |
| 13. | Do not include car payments.  Entertainment, clubs, recreation, newspapers, magazines, and books      | 13.  |             | \$0.00   |
| 14. | Charitable contributions and religious donations                                                      | 14.  |             | \$0.00   |
| 15. | Insurance.                                                                                            |      |             | ***      |
|     | Do not include insurance deducted from your pay or included in lines 4 or 20.                         |      |             |          |
|     | 15a. Life insurance                                                                                   | 15a. |             | \$0.0    |
|     | 15b. Health insurance                                                                                 | 15b. |             | \$0.0    |
|     | 15c. Vehicle insurance                                                                                | 15c. |             | \$200.0  |
|     | 15d. Other insurance. Specify:                                                                        | 15d. |             | \$0.0    |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.                      |      |             |          |
|     | Specify:                                                                                              | 16.  |             | \$0.0    |
| 17. | Installment or lease payments:                                                                        |      |             |          |
|     | 17a. Car payments for Vehicle 1                                                                       | 17a. |             | \$0.0    |
|     | 17b. Car payments for Vehicle 2                                                                       | 17b. |             | \$0.0    |
|     | 17c. Other. Specify:                                                                                  | 17c. |             | \$0.0    |
|     | 17d. Other. Specify:                                                                                  | 17d. |             | \$0.0    |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted                |      |             |          |
|     | from your pay on line 5, Schedule I, Your Income (Official Form 106I).                                | 18.  |             | \$0.0    |
| 19. | Other payments you make to support others who do not live with you.                                   |      |             |          |
|     | Specify:                                                                                              | 19.  |             | \$0.0    |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. |      |             |          |
|     | 20a. Mortgages on other property                                                                      | 20a. |             | \$ 0.0   |
|     | 20b. Real estate taxes                                                                                | 20b. | \$          | 0.0      |
|     | 20c. Property, homeowner's, or renter's insurance                                                     | 20c. | \$          | 0.0      |
|     | 20d. Maintenance, repair, and upkeep expenses                                                         | 20d. | \$          | 0.0      |
|     | 20e. Homeowner's association or condominium dues                                                      | 20e. | \$          | 0.0      |

Official Form 106J Record # 742075 Schedule J: Your Expenses Page 2 of 3 Case 17-11313 Doc 1 Filed 04/10/17 Entered 04/10/17 15:27:10 Desc Main Document Page 36 of 60 Case Number (if known)

| Deptor | 1 1011   |                                                          | CITCC              | - Ididia                                                             | Case Number (if known) |               |            |
|--------|----------|----------------------------------------------------------|--------------------|----------------------------------------------------------------------|------------------------|---------------|------------|
|        | First Na | ame Mi                                                   | ddle Name          | Last Name                                                            |                        |               |            |
| 21.    | Other. S | Specify: Postage/Bank Fe                                 | es (\$3.00),       |                                                                      | <u> </u>               | 21.           | \$3.00     |
| 22     |          | onthly expense: Add lines<br>ult is your monthly expense | •                  |                                                                      |                        | 22.           | \$3,596.00 |
| 23.    | Calculat | e your monthly net incor                                 | ne.                |                                                                      |                        |               |            |
|        | 23a.     | Copy line 12 (your com                                   | iibined monthly in | come) from Schedule I.                                               |                        | 23a.          | \$3,612.31 |
|        | 23b.     | Copy your monthly exp                                    | enses from line 2  | 2 above.                                                             |                        | 23b. <b>–</b> | \$3,596.00 |
|        | 23c.     | Subtract your monthly The result is your month           |                    | ur monthly income.                                                   |                        | 23c.          | \$16.31    |
|        |          |                                                          |                    |                                                                      |                        |               |            |
| 24.    | Do you   | expect an increase or de                                 | crease in your ex  | penses within the year after yo                                      | ou file this form?     |               |            |
|        |          |                                                          | . , , ,            | car loan within the year or do yet of a modification to the terms of |                        |               |            |
|        | X No     |                                                          | 20010000 2000000   | of a modification to the terms of                                    | n your mongago.        |               |            |
|        | L res    | s. — Ехріані пеге.                                       |                    |                                                                      |                        |               |            |
|        |          |                                                          |                    |                                                                      |                        |               |            |
|        |          |                                                          |                    |                                                                      |                        |               |            |

 Official Form 106J
 Record #
 742075
 Schedule J: Your Expenses
 Page 3 of 3

| Fill in this information to identify your case: |            |                                   |           |  |  |
|-------------------------------------------------|------------|-----------------------------------|-----------|--|--|
| Debtor 1                                        | Kelli      | Renee                             | Hardia    |  |  |
|                                                 | First Name | Middle Name                       | Last Name |  |  |
| Debtor 2                                        |            |                                   |           |  |  |
| (Spouse, if filing)                             | First Name | Middle Name                       | Last Name |  |  |
| United States  Case Number (If known)           | . ,        | the : <u>NORTHERN</u> District of | (State)   |  |  |
| (II Idiowii)                                    |            |                                   |           |  |  |

### Official Form 106 Dec

#### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below                                                        |                                                                                               |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| Did you pay or agree to pay someone who is NOT ar                 | n attorney to help you fill out bankruptcy forms?                                             |
| No                                                                |                                                                                               |
| Yes. Name of Person                                               | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
|                                                                   |                                                                                               |
|                                                                   |                                                                                               |
| Under penalty of perjury, I declare that I have read the correct. | ne summary and schedules filed with this declaration and that they are true and               |
|                                                                   |                                                                                               |
| ✗ /s/ Kelli Renee Hardia                                          | ×                                                                                             |
| Signature of Debtor 1                                             | Signature of Debtor 2                                                                         |
| 04/10/2017                                                        |                                                                                               |
| Date 04/10/2017<br>MM / DD / YYYY                                 | Date<br>MM / DD / YYYY                                                                        |
|                                                                   |                                                                                               |

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|                           |                       | D                                 | Ocument     | Faut 30 t |
|---------------------------|-----------------------|-----------------------------------|-------------|-----------|
| Fill in this in           | formation to ident    | ify your case:                    |             |           |
|                           |                       |                                   |             |           |
| Debtor 1                  | Kelli                 | Renee                             | Hardia      |           |
|                           | First Name            | Middle Name                       | Last Name   |           |
| Debtor 2                  |                       |                                   |             |           |
| (Spouse, if filing)       | First Name            | Middle Name                       | Last Name   |           |
| United States             | Bankruptcy Court for  | the : <u>NORTHERN</u> District of | ILLINOIS    |           |
| 0111100 010100            | Dania aptoy Court to: |                                   | (State)     |           |
| Case Number<br>(If known) | r                     |                                   | <del></del> |           |
| (11 14101111)             |                       |                                   |             |           |

### Official Form 107

#### Statement of Financial Affairs for Individuals Filing for Bankruptcy

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| numl | number (if known). Answer every question.                                                                                                        |                       |             |                |  |  |  |  |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------|----------------|--|--|--|--|
| P    | Give Details About Your Marital Status and Where Yo                                                                                              | u Lived Before        |             |                |  |  |  |  |
| 01.  | What is your current marital status?                                                                                                             |                       |             |                |  |  |  |  |
|      | Married                                                                                                                                          |                       |             |                |  |  |  |  |
|      | Not married                                                                                                                                      |                       |             |                |  |  |  |  |
|      |                                                                                                                                                  |                       |             |                |  |  |  |  |
| 02   | 02 During the last 3 years, have you lived anywhere other than where you live now?                                                               |                       |             |                |  |  |  |  |
|      | <ul><li>No.</li><li>Yes. List all of the places you lived in the last 3 years. Do</li></ul>                                                      | not include where ve  | u livo nov  |                |  |  |  |  |
|      | Tes. List all of the places you lived in the last 3 years. Do                                                                                    | Thot include where yo | u iive now. |                |  |  |  |  |
|      | Debtor 1                                                                                                                                         | Dates Debtor 1        | Debtor 2:   | Dates Debtor 2 |  |  |  |  |
| 0.3  | MACAL: Abo Lock O comme did con comme disconnection with                                                                                         | lived there           | 2 (0        | lived there    |  |  |  |  |
|      | Within the last 8 years, did you ever live with a spouse or I<br>property states and territories include Arizona, California,<br>and Wisconsin.) |                       |             |                |  |  |  |  |
|      | No.                                                                                                                                              |                       |             |                |  |  |  |  |
|      | Yes. Make sure you fill out Schedule H: Your Codebtors (                                                                                         | Official Form 106H).  |             |                |  |  |  |  |
|      |                                                                                                                                                  |                       |             |                |  |  |  |  |
| P    | Explain the Sources of Your Income                                                                                                               |                       |             |                |  |  |  |  |
|      |                                                                                                                                                  |                       |             |                |  |  |  |  |
|      |                                                                                                                                                  |                       |             |                |  |  |  |  |
|      |                                                                                                                                                  |                       |             |                |  |  |  |  |
|      |                                                                                                                                                  |                       |             |                |  |  |  |  |
|      |                                                                                                                                                  |                       |             |                |  |  |  |  |
|      |                                                                                                                                                  |                       |             |                |  |  |  |  |
|      |                                                                                                                                                  |                       |             |                |  |  |  |  |
|      |                                                                                                                                                  |                       |             |                |  |  |  |  |
|      |                                                                                                                                                  |                       |             |                |  |  |  |  |
|      |                                                                                                                                                  |                       |             |                |  |  |  |  |
|      |                                                                                                                                                  |                       |             |                |  |  |  |  |
|      |                                                                                                                                                  |                       |             |                |  |  |  |  |
|      |                                                                                                                                                  |                       |             |                |  |  |  |  |
|      |                                                                                                                                                  |                       |             |                |  |  |  |  |
|      |                                                                                                                                                  |                       |             |                |  |  |  |  |

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Debtor 1 Kelli Renee Hardia Case Number (if known) First Name Middle Name Last Name 04 Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. ☐ No. Yes. Fill in the details Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply (before deductions and Check all that apply (before deductions and exclusions) exclusions) Wages, commissions, Wages, commissions, \$16,396 From January 1 of current year until bonuses, tips bonuses, tips the date you filed for bankruptcy: Operating a business Operating a business Wages, commissions, Wages, commissions, \$69,958 For last calendar year: bonuses, tips bonuses, tips (\$2,309) Uber (January 1 to December 31, 2016) Operating a business Operating a business Wages, commissions, \$60,000 Wages, commissions, For the calendar year before that: bonuses, tips bonuses, tips \$6,000 Uber (January 1 to December 31, 2015) Operating a business Operating a business 05 Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Describe below. (before deductions and Describe below. (before deductions and exclusions) exclusions) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

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Debtor 1 Kelli Renee Hardia Case Number (if known) \_ First Name Middle Name Last Name Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225\* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,225\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of Total amount paid Amount you still owe Was this payment for... payments Consumer Portfolio SVC Po Box \$ 27,969 Mortgage Monthly \$ 2,172 Car 57071 Irvine CA 92619 Credit card Loan repayment Suppliers or vendors Other Santander Consumer USA Po Monthly \$ 1,332 \$ 15,105 Mortgage Car Box 961245 Ft Worth TX 76161 Credit card ☐ Loan repayment Suppliers or vendors Other \_\_\_ THE Money Source INC 500 S Monthly \$ 4,959 \$ 140,019 Mortgage Car Broad St Meriden CT 06450 Credit card Loan repayment Suppliers or vendors Other\_

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| Debtor    | 1 Kelli                                                                   | Renee                                                                                                                                             | Hardia                                                  | _                                                  | Case Number (if know                                | /n)              | <del> </del>                     |
|-----------|---------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------|------------------|----------------------------------|
|           | First Name                                                                | Middle Name                                                                                                                                       | Last Name                                               |                                                    |                                                     |                  |                                  |
| l<br>d    | nsiders include your re<br>corporations of which y                        | u filed for bankruptcy, did yc<br>elatives; any general partners<br>ou are an officer, director, pr<br>r a business you operate as<br>nd alimony. | s; relatives of any genera<br>erson in control, or owne | al partners; partnershi<br>er of 20% or more of th | ps of which you are a geneir voting securities; and | d any managin    |                                  |
|           | Yes. List all payme                                                       | nts to an insider                                                                                                                                 |                                                         |                                                    |                                                     |                  |                                  |
|           | Tes. List all payme.                                                      | nts to an insider.                                                                                                                                | Dates of payment                                        | Total amount paid                                  | Amount you still owe                                | Reason           | for this payment                 |
| 6         | an insider?                                                               | u filed for bankruptcy, did yc                                                                                                                    |                                                         | r transfer any propert                             | y on account of a debt th                           | at benefited     |                                  |
|           | Yes. List all payme                                                       | nts to an insider.                                                                                                                                |                                                         |                                                    |                                                     |                  |                                  |
|           | ,.,                                                                       |                                                                                                                                                   | Dates of payment                                        | Total amount paid                                  | Amount you still owe                                |                  | for this payment creditor's name |
| Pa        | t 4: Identify Legal                                                       | actions, Repossessions, and                                                                                                                       | Foreclosures                                            |                                                    |                                                     |                  |                                  |
| 09 \<br>I | Nithin 1 year before you ist all such matters, in modifications, and cont | u filed for bankruptcy, were cluding personal injury case: ract disputes.                                                                         | you a party in any lawsui                               |                                                    |                                                     | port or custod   | у                                |
|           | Yes. Fill in the deta                                                     | IIS.                                                                                                                                              | Nature of the case                                      | Court                                              | or agency                                           |                  | Status of the case               |
|           |                                                                           | u filed for bankruptcy, was a<br>d fill in the details below.<br>mation below.                                                                    | any of your property repo                               | ssessed, foreclosed,                               | garnished, attached, sei                            | zed, or levied?  |                                  |
|           |                                                                           |                                                                                                                                                   | Describe the propert                                    | tv                                                 | D:                                                  | ate              | Value of the property            |
|           | American Honda                                                            | Finance, see Schedule                                                                                                                             | 2013 Honda Accord                                       | .9                                                 |                                                     | )/2016           | \$13,000                         |
|           | F                                                                         |                                                                                                                                                   |                                                         |                                                    |                                                     | 72010            |                                  |
|           |                                                                           |                                                                                                                                                   |                                                         |                                                    |                                                     |                  |                                  |
|           |                                                                           |                                                                                                                                                   | Explain what happer                                     | ned                                                |                                                     |                  |                                  |
|           |                                                                           |                                                                                                                                                   | Property was re                                         |                                                    |                                                     |                  |                                  |
|           |                                                                           |                                                                                                                                                   | Property was for                                        |                                                    |                                                     |                  |                                  |
|           |                                                                           |                                                                                                                                                   | Property was at                                         | arnished.<br>tached, seized, or levi               | ed                                                  |                  |                                  |
|           |                                                                           |                                                                                                                                                   | I Froperty was all                                      | lacifed, seized, of levi                           | eu.                                                 |                  |                                  |
|           |                                                                           |                                                                                                                                                   |                                                         |                                                    |                                                     |                  |                                  |
|           | -                                                                         | you filed for bankruptcy, d<br>yment because you owed a                                                                                           | -                                                       | g a bank or financial                              | institution, set off any                            | amounts from     | your accounts                    |
|           | No. Go to line 11                                                         |                                                                                                                                                   |                                                         |                                                    |                                                     |                  |                                  |
|           | Yes. Fill in the infor                                                    | mation below.                                                                                                                                     |                                                         |                                                    |                                                     |                  |                                  |
|           |                                                                           | ou filed for bankruptcy, was<br>er, a custodian, or another                                                                                       |                                                         | n the possession of a                              | in assignee for the ben                             | efit of creditor | s, a                             |
|           | No.                                                                       |                                                                                                                                                   |                                                         |                                                    |                                                     |                  |                                  |
|           | Yes.                                                                      |                                                                                                                                                   |                                                         |                                                    |                                                     |                  |                                  |
| Pa        | tt 5: List Certain Gi                                                     | fts and Contributions                                                                                                                             |                                                         |                                                    |                                                     |                  |                                  |
| 13 \      | Within 2 years before                                                     | you filed for bankruptcy, di                                                                                                                      | d you give any gifts with                               | h a total value of mo                              | re than \$600 per persor                            | ?                |                                  |
|           | No.  Yes. Fill in the deta                                                | ils for each gift.                                                                                                                                |                                                         |                                                    |                                                     |                  |                                  |
|           |                                                                           |                                                                                                                                                   |                                                         |                                                    |                                                     |                  |                                  |

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| Jepto | or 1   | Nelli<br>First Name                | Kenee<br>Middle News     | Haitila                             | Case Number (If Kr              | nown)                 |                   |
|-------|--------|------------------------------------|--------------------------|-------------------------------------|---------------------------------|-----------------------|-------------------|
|       |        | First Name                         | Middle Name              | Last Name                           |                                 |                       |                   |
| 14    | With   | nin 2 years before you file        | ed for bankruptcy, did   | you give any gifts or contribution  | s with a total value of more th | an \$600 to any ch    | arity?            |
|       |        | No.                                |                          |                                     |                                 |                       |                   |
|       | _      |                                    |                          |                                     |                                 |                       |                   |
|       | П,     | Yes. Fill in the details for e     | each gift.               |                                     |                                 |                       |                   |
|       |        |                                    |                          |                                     |                                 |                       |                   |
| P     | art 6: | List Certain Losses                |                          |                                     |                                 |                       |                   |
|       |        |                                    |                          |                                     |                                 |                       |                   |
| 15    | With   | nin 1 year before you filed        | d for bankruptcy or sin  | ce you filed for bankruptcy, did y  | ou lose anything because of t   | heft, fire, other dis | saster, or        |
|       | gam    | ıbling?                            |                          |                                     |                                 |                       |                   |
|       | _      | M.                                 |                          |                                     |                                 |                       |                   |
|       |        | No.                                |                          |                                     |                                 |                       |                   |
|       |        | Yes. Fill in the details for e     | each gift.               |                                     |                                 |                       |                   |
|       |        |                                    |                          |                                     |                                 |                       |                   |
| P     | art 7: | List Certain Payments              | s or Transfers           |                                     |                                 |                       |                   |
|       |        | •                                  |                          |                                     |                                 |                       |                   |
| 16    | With   | nin 1 year before you filed        | d for bankruptcy, did y  | ou or anyone else acting on your    | behalf pay or transfer any pro  | perty to anyone y     | ou                |
|       |        | sulted about seeking ban           |                          |                                     |                                 |                       |                   |
|       | Inclu  | ude any attorneys, bankr           | uptcy petition prepare   | rs, or credit counseling agencies   | for services required in your   | bankruptcy.           |                   |
|       | П      | No                                 |                          |                                     |                                 |                       |                   |
|       | _      |                                    |                          |                                     |                                 |                       |                   |
|       | •      | Yes. Fill in the details           |                          |                                     |                                 |                       |                   |
|       |        |                                    |                          |                                     |                                 |                       |                   |
|       | F      | Party Contact Info                 |                          | Description and value of any p      | roperty transferred             | Date payment          | Amount of payment |
|       |        |                                    |                          |                                     |                                 | or transfer           |                   |
|       |        | Geraci Law L.L.C.                  |                          |                                     |                                 |                       | \$1,200.00        |
|       |        |                                    |                          |                                     |                                 |                       |                   |
|       |        | 55 E. Monroe Street #34            | 100                      |                                     |                                 |                       |                   |
|       |        | Chicago,IL 60603                   |                          |                                     |                                 |                       |                   |
|       |        |                                    |                          |                                     |                                 |                       |                   |
|       |        |                                    |                          |                                     |                                 |                       |                   |
|       |        |                                    |                          |                                     |                                 |                       |                   |
|       |        |                                    |                          |                                     |                                 |                       |                   |
|       |        |                                    |                          |                                     |                                 |                       |                   |
|       | F      | Party Contact Info                 |                          | Description and value of any p      | roperty transferred             | Date payment          | Amount of payment |
|       |        |                                    |                          |                                     |                                 | or transfer           |                   |
|       |        | Hanamuill Coadit Causas            | a Uma au                 | Credit Counseling Services          |                                 | 2047                  | <b>COE 00</b>     |
|       |        | Hananwill Credit Counse            | eiirig                   |                                     |                                 | 2017                  | \$25.00           |
|       |        | 115 N. Cross St.                   |                          |                                     |                                 |                       |                   |
|       |        | Robinson, IL 62454                 |                          |                                     |                                 |                       |                   |
|       |        |                                    |                          |                                     |                                 |                       |                   |
|       |        |                                    |                          |                                     |                                 |                       |                   |
|       |        |                                    |                          |                                     |                                 |                       |                   |
|       |        |                                    |                          |                                     |                                 |                       |                   |
|       |        |                                    |                          |                                     |                                 |                       |                   |
|       |        |                                    |                          |                                     |                                 |                       |                   |
| 17    | With   | nin 1 year before you filed        | d for bankruptcy, did y  | ou or anyone else acting on your    | behalf pay or transfer any pro  | perty to anyone w     | vho               |
|       |        | -                                  |                          | make payments to your creditors     |                                 |                       |                   |
|       | Do r   | not include any payment            | or transfer that you lis | ted on line 16.                     |                                 |                       |                   |
|       |        | No.                                |                          |                                     |                                 |                       |                   |
|       | _      |                                    |                          |                                     |                                 |                       |                   |
|       | П,     | Yes. Fill in the details.          |                          |                                     |                                 |                       |                   |
|       |        |                                    |                          |                                     |                                 |                       |                   |
| 18    |        |                                    |                          | you sell, trade, or otherwise trans | fer any property to anyone, o   | ther than property    | •                 |
|       |        | sferred in the ordinary co         |                          |                                     |                                 |                       |                   |
|       |        | _                                  |                          | as security (such as the granting   | of a security interest or mort  | gage on your prop     | erty).            |
|       | Do r   | not include gifts and tran         | sfers that you have alr  | eady listed on this statement.      |                                 |                       |                   |
|       | 1      | No.                                |                          |                                     |                                 |                       |                   |
|       |        | Yes. Fill in the details for e     | each gift                |                                     |                                 |                       |                   |
|       | Ц      | . 55. i iii iii tile detalla lUl t | Jaon girt.               |                                     |                                 |                       |                   |
|       |        |                                    |                          |                                     |                                 |                       |                   |
|       |        |                                    |                          |                                     |                                 |                       |                   |
|       |        |                                    |                          |                                     |                                 |                       |                   |
|       |        |                                    |                          |                                     |                                 |                       |                   |
|       |        |                                    |                          |                                     |                                 |                       |                   |

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| Debto                                                                                                                                                                                                       | r 1                                                                                                                                                                                       | Kelli                                                     | Renee           | Hardia                                                                                                                   | Cas                           | e Number (if known)                                  |                                         |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------------------------|-----------------------------------------|--|
|                                                                                                                                                                                                             |                                                                                                                                                                                           | First Name                                                | Middle Name     | Last Name                                                                                                                |                               |                                                      |                                         |  |
| Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) |                                                                                                                                                                                           |                                                           |                 |                                                                                                                          |                               |                                                      |                                         |  |
|                                                                                                                                                                                                             |                                                                                                                                                                                           | No.                                                       |                 |                                                                                                                          |                               |                                                      |                                         |  |
|                                                                                                                                                                                                             | Yes. Fill in the details for each gift.                                                                                                                                                   |                                                           |                 |                                                                                                                          |                               |                                                      |                                         |  |
| Pa                                                                                                                                                                                                          | Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units                                                                                               |                                                           |                 |                                                                                                                          |                               |                                                      |                                         |  |
|                                                                                                                                                                                                             | sold<br>Incli                                                                                                                                                                             | l, moved, or transferred?<br>ude checking, savings, mo    | oney market, o  | y, were any financial accounts or in<br>or other financial accounts; certifica<br>ciations, and other financial institut | ates of deposit; shares       |                                                      |                                         |  |
|                                                                                                                                                                                                             | _                                                                                                                                                                                         | No.                                                       | eratives, asso  | ciations, and other infancial institut                                                                                   | lions.                        |                                                      |                                         |  |
|                                                                                                                                                                                                             |                                                                                                                                                                                           | Yes. Fill in the details.                                 |                 |                                                                                                                          |                               |                                                      |                                         |  |
|                                                                                                                                                                                                             |                                                                                                                                                                                           |                                                           |                 | Last 4 digits of account number                                                                                          | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |  |
|                                                                                                                                                                                                             | -                                                                                                                                                                                         | ou now have, or did you h                                 | have within 1   | year before you filed for bankruptc                                                                                      | y, any safe deposit box       | or other depository for                              | securities,                             |  |
|                                                                                                                                                                                                             | =                                                                                                                                                                                         | No.                                                       |                 |                                                                                                                          |                               |                                                      |                                         |  |
|                                                                                                                                                                                                             | П,                                                                                                                                                                                        | Yes. Fill in the details.                                 |                 | Who else had access to it?                                                                                               | Describe the cor              | itents                                               | Do you still                            |  |
| 22                                                                                                                                                                                                          | Hav                                                                                                                                                                                       | e vou stored property in a                                | storage unit    | or place other than your home with                                                                                       | in 1 year hefore you fil      | ed for hankruntcy?                                   | have it?                                |  |
|                                                                                                                                                                                                             | _                                                                                                                                                                                         |                                                           | Storage and     | or place other than your nome with                                                                                       | iii i year belole you iii     | cu for builkruptcy.                                  |                                         |  |
|                                                                                                                                                                                                             | =                                                                                                                                                                                         | No.<br>Yes. Fill in the details.                          |                 |                                                                                                                          |                               |                                                      |                                         |  |
|                                                                                                                                                                                                             | ш                                                                                                                                                                                         | res. I ill ill the details.                               |                 | Who else has or had access to it?                                                                                        | Describe the cor              | itents                                               | Do you still                            |  |
| Pa                                                                                                                                                                                                          | art 9:                                                                                                                                                                                    | Identify Property You H                                   | Hold or Control | for Someone Else                                                                                                         |                               |                                                      | have it?                                |  |
| 23                                                                                                                                                                                                          | Do y                                                                                                                                                                                      |                                                           | operty that so  | meone else owns? Include any pro                                                                                         | perty you borrowed fro        | om, are storing for, or ho                           | old in trust                            |  |
|                                                                                                                                                                                                             | =                                                                                                                                                                                         | No.                                                       |                 |                                                                                                                          |                               |                                                      |                                         |  |
|                                                                                                                                                                                                             | П,                                                                                                                                                                                        | Yes. Fill in the details.                                 |                 | Miles in the manager?                                                                                                    | Describe the pro              | w.audo.                                              | Value                                   |  |
|                                                                                                                                                                                                             |                                                                                                                                                                                           | _                                                         |                 | Where is the property?                                                                                                   | Describe the pro              | perty                                                | Value                                   |  |
| Pa                                                                                                                                                                                                          | rt 10                                                                                                                                                                                     | Give Details About Env                                    | rironmental Inf | ormation                                                                                                                 |                               |                                                      |                                         |  |
| For                                                                                                                                                                                                         | the p                                                                                                                                                                                     | ourpose of Part 10, the foll                              | lowing definiti | ions apply:                                                                                                              |                               |                                                      |                                         |  |
| l t                                                                                                                                                                                                         | naza                                                                                                                                                                                      | rdous or toxic substances                                 | s, wastes, or n | or local statute or regulation conc<br>naterial into the air, land, soil, surfa<br>the cleanup of these substances, v    | ce water, groundwater         |                                                      |                                         |  |
|                                                                                                                                                                                                             |                                                                                                                                                                                           | means any location, facilit<br>used to own, operate, or u |                 | as defined under any environment<br>ling disposal sites.                                                                 | al law, whether you no        | w own, operate, or utiliz                            | e                                       |  |
|                                                                                                                                                                                                             | ■ Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. |                                                           |                 |                                                                                                                          |                               |                                                      |                                         |  |
| Rep                                                                                                                                                                                                         | Report all notices, releases, and proceedings that you know about, regardless of when they occurred.                                                                                      |                                                           |                 |                                                                                                                          |                               |                                                      |                                         |  |
| 24                                                                                                                                                                                                          | Has                                                                                                                                                                                       | any governmental unit no                                  | tified you tha  | t you may be liable or potentially lia                                                                                   | able under or in violation    | on of an environmental la                            | aw?                                     |  |
|                                                                                                                                                                                                             | _                                                                                                                                                                                         | No.<br>Yes. Fill in the details.                          |                 |                                                                                                                          |                               |                                                      |                                         |  |
|                                                                                                                                                                                                             | Ц                                                                                                                                                                                         | . 55. i iii iii tiio dotalis.                             |                 | Governmental unit                                                                                                        | Environmental la              | w, if you know it                                    | Date of notice                          |  |
|                                                                                                                                                                                                             |                                                                                                                                                                                           |                                                           |                 |                                                                                                                          |                               |                                                      |                                         |  |
|                                                                                                                                                                                                             |                                                                                                                                                                                           |                                                           |                 |                                                                                                                          |                               |                                                      |                                         |  |

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| Debtor 1    | Kelli                           | Renee               | Hardia                                    | Case Numb                     | er (if known)        |                                         |   |
|-------------|---------------------------------|---------------------|-------------------------------------------|-------------------------------|----------------------|-----------------------------------------|---|
|             | First Name                      | Middle Name         | Last Name                                 |                               |                      |                                         |   |
| 25 ⊔        | ave you notified any govern     | montal unit of any  | release of hazardous material?            |                               |                      |                                         |   |
| 20 H        | ave you notined any governi     | nental unit of any  | release of flazardous filaterial?         |                               |                      |                                         |   |
|             | No.                             |                     |                                           |                               |                      |                                         |   |
| Г           | Yes. Fill in the details.       |                     |                                           |                               |                      |                                         |   |
| _           |                                 | G                   | overnmental unit                          | Environmental law, if you     | ı know it            | Date of notice                          |   |
|             |                                 | 0.                  | Vorimiental unit                          | Livii oiiiioittai iavi, ii yo | KIIOW IL             | Date of House                           |   |
| 26 <b>H</b> | ave vou been a party in any i   | udicial or admini   | strative proceeding under any enviror     | mental law? Include se        | ttlements and ord    | ers.                                    |   |
| _           | _                               |                     | ,                                         |                               |                      |                                         |   |
|             | No.                             |                     |                                           |                               |                      |                                         |   |
| Г           | Yes. Fill in the details.       |                     |                                           |                               |                      |                                         |   |
| _           | _                               | Co                  | ourt or agency                            | Nature of the case            |                      | Status of the case                      |   |
|             |                                 |                     | ant of agono,                             |                               |                      |                                         |   |
|             | O: D ( !! A! ( )                |                     |                                           |                               |                      |                                         |   |
| Part        | Give Details About You          | r Business or Conr  | nections to Any Business                  |                               |                      |                                         |   |
| 27 <b>W</b> | ithin 4 years before you filed  | I for bankruptcy.   | did you own a business or have any o      | of the following connect      | ions to any busine   | ess?                                    |   |
|             |                                 |                     |                                           |                               |                      |                                         |   |
|             |                                 |                     | rade, profession, or other activity, eith |                               | )                    |                                         |   |
|             | A member of a limited I         | iability company    | (LLC) or limited liability partnership (l | LLP)                          |                      |                                         |   |
|             | A partner in a partnersl        | nip                 |                                           |                               |                      |                                         |   |
|             | An officer, director, or        | managing ovecut     | ivo of a corporation                      |                               |                      |                                         |   |
|             |                                 |                     | ·                                         |                               |                      |                                         |   |
|             | ☐An owner of at least 5%        | of the voting or    | equity securities of a corporation        |                               |                      |                                         |   |
| _           | =                               |                     |                                           |                               |                      |                                         |   |
| L           | No. None of the above appl      | ies. Go to Part 12  | 2.                                        |                               |                      |                                         |   |
|             | Yes. Check all that apply at    | ove and fill in the | details below for each business.          |                               |                      |                                         |   |
|             | Debtor's home address           | D                   | escribe the nature of the business        |                               | Funnia van Idantifia | ation would be                          |   |
|             | Debtor's home address           |                     | escribe the nature of the business        |                               | Employer Identifica  | ation number<br>cial Security number or |   |
|             |                                 |                     | per Driver                                |                               | Do not include 300   | cial Security number of                 | 1 |
|             |                                 |                     | 501 511101                                |                               | EIN: N/A             |                                         |   |
|             |                                 |                     |                                           |                               | LIIV. 14// C         |                                         |   |
|             |                                 |                     |                                           |                               |                      |                                         |   |
|             |                                 |                     | me of accountant or bookkeeper            |                               | Dates business ex    | isted                                   | ۹ |
|             |                                 | N/                  | 'A                                        |                               |                      |                                         |   |
|             |                                 |                     |                                           |                               | 2015 - 3/2016        |                                         |   |
|             |                                 |                     |                                           |                               |                      |                                         |   |
|             |                                 |                     |                                           |                               |                      |                                         | Ī |
|             |                                 |                     |                                           |                               |                      |                                         |   |
| 28 <b>W</b> | ithin 2 years before you filed  | l for bankruptcy,   | did you give a financial statement to a   | inyone about your busi        | ness? Include all f  | inancial                                |   |
| in          | stitutions, creditors, or other | r parties.          |                                           |                               |                      |                                         |   |
|             | No.                             |                     |                                           |                               |                      |                                         |   |
| _           | _                               |                     |                                           |                               |                      |                                         |   |
| L           | Yes. Fill in the details.       |                     |                                           |                               |                      |                                         |   |
|             |                                 | Date                | e issued                                  |                               |                      |                                         |   |
|             |                                 |                     |                                           |                               |                      |                                         |   |
|             |                                 |                     |                                           |                               |                      |                                         |   |
|             |                                 |                     |                                           |                               |                      |                                         |   |
|             |                                 |                     |                                           |                               |                      |                                         |   |
|             |                                 |                     |                                           |                               |                      |                                         |   |
|             |                                 |                     |                                           |                               |                      |                                         |   |
|             |                                 |                     |                                           |                               |                      |                                         |   |
|             |                                 |                     |                                           |                               |                      |                                         |   |
|             |                                 |                     |                                           |                               |                      |                                         |   |
|             |                                 |                     |                                           |                               |                      |                                         |   |
|             |                                 |                     |                                           |                               |                      |                                         |   |
|             |                                 |                     |                                           |                               |                      |                                         |   |
|             |                                 |                     |                                           |                               |                      |                                         |   |
|             |                                 |                     |                                           |                               |                      |                                         |   |
|             |                                 |                     |                                           |                               |                      |                                         |   |
|             |                                 |                     |                                           |                               |                      |                                         |   |
|             |                                 |                     |                                           |                               |                      |                                         |   |
|             |                                 |                     |                                           |                               |                      |                                         |   |
|             |                                 |                     |                                           |                               |                      |                                         |   |
|             |                                 |                     |                                           |                               |                      |                                         |   |
|             |                                 |                     |                                           |                               |                      |                                         |   |
|             |                                 |                     |                                           |                               |                      |                                         |   |

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 Debtor 1
 Kelli
 Renee
 Hardia
 Case Number (if known)

 First Name
 Milddle Name
 Last Name

| nection with a bankruptcy case can result i                                   | aking a false statement, concealing property, or obtaining money or property by fraud<br>n fines up to \$250,000, or imprisonment for up to 20 years, or both. |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| S.C. §§ 152, 1341, 1519, and 3571.                                            |                                                                                                                                                                |
| /s/ Kelli Renee Hardia                                                        | ×                                                                                                                                                              |
| Signature of Debtor 1                                                         | Signature of Debtor 2                                                                                                                                          |
| 5 . 04/10/2017                                                                | Data                                                                                                                                                           |
| Date 04/10/2017                                                               | Date                                                                                                                                                           |
| MM / DD / YYYY                                                                | DateMM / DD / YYYY                                                                                                                                             |
| MM / DD / YYYY  you attach additional pages to Your Statement                 | MM / DD / YYYY  It of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?                                                             |
| MM / DD / YYYY  I you attach additional pages to <i>Your Statemen</i> No  Yes |                                                                                                                                                                |
| MM / DD / YYYY  I you attach additional pages to <i>Your Statemen</i> No  Yes | t of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?                                                                              |

| Fill in this in         | nformation to identi  |                                                 | 6 of 60                                                                                                             | 10 Desc Main                                        |       |
|-------------------------|-----------------------|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-------|
| Debtor 1                | Kelli                 | Renee                                           | Hardia                                                                                                              |                                                     |       |
| 200.0.                  | First Name            | Middle Name                                     | Last Name                                                                                                           |                                                     |       |
| Debtor 2                |                       |                                                 |                                                                                                                     |                                                     |       |
| (Spouse, if filing)     | First Name            | Middle Name                                     | Last Name                                                                                                           |                                                     |       |
| United States           | Bankruptcy Court for  | the : <u>NORTHERN</u> District of <u>ILLINC</u> | DIS                                                                                                                 |                                                     |       |
| Case Numbe              | er                    |                                                 | (State)                                                                                                             | Check if this is an                                 |       |
| (If known)              |                       |                                                 |                                                                                                                     | amended filing                                      |       |
| Stateme                 |                       | tion for Individuals I                          | Filing Under Chapter 7                                                                                              |                                                     | 12/15 |
| creditors hav           | ve claims secured b   | y your property, or                             |                                                                                                                     |                                                     |       |
| •                       |                       | erty and the lease has not expired.             |                                                                                                                     |                                                     |       |
|                         |                       |                                                 | ur bankruptcy petition or by the date set for the meeting of                                                        |                                                     |       |
|                         | -                     |                                                 | u must also send copies to the creditors and lessors you lis<br>ally responsible for supplying correct information. | τ.                                                  |       |
| -                       | nust sign and date    | -                                               | any responsible for supplying correct information.                                                                  |                                                     |       |
|                         | _                     |                                                 | ttach a separate sheet to this form. On the top of any addition                                                     | onal pages,                                         |       |
| vrite your nam          | e and case number     | (if known).                                     |                                                                                                                     |                                                     |       |
| Part 1:                 | List Your Creditors \ | Nho Have Secured Claims                         |                                                                                                                     |                                                     |       |
| For any cre information | =                     | ed in Part 1 of Schedule D: Credito             | rs Who Have Claims Secured by Property (Official Form 106                                                           | 3D), fill in the                                    |       |
| Identify the            | creditor and the p    | roperty that is collateral                      | What do you intend to do with the property that secures a debt?                                                     | Did you claim the property as exempt on Schedule C? |       |
| Creditor's              | 3                     |                                                 | Surrender the property                                                                                              | No                                                  |       |
| name:                   | Consumer              | Portfolio SVC                                   |                                                                                                                     | ☐ Yes                                               |       |
| Description             | on of 2011 GMC        | Yukon with over 68,000 miles                    | Retain the property and enter into a                                                                                | _                                                   |       |
| property                |                       |                                                 | Reaffirmation Agreement.                                                                                            |                                                     |       |
| securing                | debt:                 |                                                 | Retain the property and [explain]:                                                                                  | _                                                   |       |
| Creditor's              | <b>S</b>              |                                                 | Surrender the property                                                                                              | ■ No                                                |       |
| name:                   | Santander             | Consumer USA                                    | $oxedsymbol{\square}$ Retain the property and redeem it                                                             | ☐ Yes                                               |       |
| Doccrintic              | on of 2010 Nissa      | in Maxima with over 124 000 miles               | Retain the property and enter into a                                                                                | _                                                   |       |

Description of

2010 Nissan Maxima with over 124,000 miles

Debtor 1

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First Name

Kelli

List Your Unexpired Personal Property Leases

| For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Lease               | es (Official Form 106G),   |
|--------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease |                            |
| ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2             |                            |
|                                                                                                                                |                            |
| Describe your unexpired personal property leases                                                                               | Will the lease be assumed? |
| Lessor's name:                                                                                                                 | ☐ No                       |
|                                                                                                                                | <br>                       |
| Description of leased                                                                                                          | ☐ 165                      |
| property:                                                                                                                      |                            |
|                                                                                                                                |                            |
| Lessor's name:                                                                                                                 | □ No                       |
|                                                                                                                                | Yes                        |
| Description of leased                                                                                                          |                            |
| property:                                                                                                                      |                            |
|                                                                                                                                |                            |
| Lessor's name:                                                                                                                 | □No                        |
|                                                                                                                                | Yes                        |
| Description of leased                                                                                                          |                            |
| property:                                                                                                                      |                            |
| Lessor's name:                                                                                                                 | □No                        |
| Ecosor o name.                                                                                                                 |                            |
| Description of leased                                                                                                          | □Yes                       |
| property:                                                                                                                      |                            |
|                                                                                                                                |                            |
| Lessor's name:                                                                                                                 | □No                        |
|                                                                                                                                | <br>Yes                    |
| Description of leased                                                                                                          | □1es                       |
| property:                                                                                                                      |                            |
|                                                                                                                                |                            |
| Lessor's name:                                                                                                                 | □No                        |
|                                                                                                                                | Yes                        |
| Description of leased                                                                                                          |                            |
| property:                                                                                                                      |                            |
|                                                                                                                                |                            |
| Lessor's name:                                                                                                                 | □ No                       |
|                                                                                                                                | Yes                        |
| Description of leased property:                                                                                                |                            |
| property.                                                                                                                      |                            |
|                                                                                                                                |                            |
| Part 3: Sign Below                                                                                                             |                            |
| Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a d        | ebt and any                |
| personal property that is subject to an unexpired lease.                                                                       |                            |
| er er er beske Armere embere er mennehmen ennen                                                                                |                            |
| Me Je/ Kalli Panga Hardia                                                                                                      |                            |
| ★ /s/ Kelli Renee Hardia Signature of Debtor 1 Signature of Debtor 2                                                           |                            |
|                                                                                                                                |                            |
| Date                                                                                                                           |                            |

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B2030 (Form 2030) (12/15)

# United States Bankruptcy Court NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

| In  | re              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                              |                                              |                                                      |
|-----|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|------------------------------------------------------|
| Kel | lli Renee Hai   | rdia / Debtor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                              | Case No:                                     |                                                      |
|     |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                              | Chapter:                                     | Chapter 7                                            |
|     |                 | DISCLOSU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | RE OF COMPENSATION OF ATTO                                                                                                   | ORNEY FOR DEI                                | BTOR                                                 |
|     | npensation pa   | o 11 U.S.C. § 329(a) and Fed. Bandaid to me within one year before the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | kr. P. 2016(b), I certify that I am the at he filing of the petition in bankruptcy, (s) in contemplation of or in connection | torney for the above<br>or agreed to be paid | re named debtor(s) and that<br>d to me, for services |
|     | For legal s     | services, I have agreed to accept                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$1,200.00                                                                                                                   |                                              |                                                      |
|     | Prior to the    | e filing of this statement I have rec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | si,200.00                                                                                                                    |                                              |                                                      |
|     | Balance D       | ue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$0.00                                                                                                                       |                                              |                                                      |
| 2.  | The source      | of the compensation paid to me w                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | vas:                                                                                                                         |                                              |                                                      |
|     | Debt            | cor(s) Other: (specify                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ·)                                                                                                                           |                                              |                                                      |
| 3.  | The source      | of compensation to be paid to me                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                              |                                              |                                                      |
|     | Deb             | otor(s) Other: (specify                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | a                                                                                                                            |                                              |                                                      |
| 4.  | I have          | outer: (speem)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | closed compensation with any other pe                                                                                        | erson unless they ar                         | re members and associates                            |
| 5.  | of my<br>attach | law firm. A copy of the agreemented.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | sed compensation with a other person on the together with a list of the names of agreed to render legal service for all as   | the people sharing                           | in the compensation, is                              |
| J.  | case, includ    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | agreed to render regar service for an asp                                                                                    | pects of the banking                         | рісу                                                 |
|     | a. Analy        | sis of the debtor's financial situati                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ion, and rendering advice to the debtor                                                                                      | in determining wh                            | ether to file a petition in                          |
|     | bankrı          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                              |                                              |                                                      |
|     | b. Prepar       | ation and filing of any petition, sc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | chedules, statements of affairs and plan                                                                                     | which may be req                             | uired;                                               |
| 6.  |                 | ent with the debtor(s), the above-digital control of the control o | lisclosed fee does not include the followilling.                                                                             | wing service:                                |                                                      |
|     |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CERTIFICATION                                                                                                                |                                              |                                                      |
|     |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | a complete statement of any agreement of the debtor(s) in this bankruptcy pro                                                | -                                            | or                                                   |
|     |                 | Date: 04/10/2017                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | /s/ Jon Kurt Clasing                                                                                                         |                                              |                                                      |
|     |                 | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Signature of Attorney                                                                                                        |                                              |                                                      |
|     |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _Geraci Law L.L.C.                                                                                                           |                                              |                                                      |

742075 Page 1 of 1 Record #

Name of law firm

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Headquarters: 55 E. Monroe Street, #3400 Chicago

3 866.925.070

LIENT CORNER WWW.INFOTAPES.COM

Date: 3/27/2017 Consultation Attorney: SAL

sultation Attorney: SAL Record #: 742-075

### Retainer Agreement Chapter 7 - Pre-filing

| Services before filing in Court: I retain Geraci Law L.L.C. to prepare to file a Chapter 7 bankruptcy petition in court. I agree to pay, by debit only, a flat fee for services before filing in court of \$ 1-200.00 at \$ {                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| After we file your Chapter 7 bankruptcy in Court, we will advance your Court Cost of \$335, and the flat fee for services after case filing is \$\frac{1.395.00}{8.9335} = \frac{1.730.00}{1.730.00}\$ total flat fee. We will present you with an agreement to repay the \$335, and pay a fee for our services after filing through Discharge or case closing without discharge. Whether or not you sign a post-filing agreement is entirely voluntary: you are not required to retain Geraci Law for post-bankruptcy services. You may hire some other law firm to finish your bankruptcy and Geraci Law may withdraw from representing you.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| The flat fee for pre-filing work pays for: consultation after hiring us, (before retaining us is free) preparation petition and schedules, means test & statement of financial affairs; phone calls, emails, web messages; processing and reviewing documents that we requested from you including faxes, email attachments, web uploads and mail; office appointment to review and sign your petition; filing your case in court. Excluded: appearance in any court or proceeding; taking calls from your creditors or bill collectors. If you decide to pre-pay, or pay for ALL services before and after we file your case in court, all work until case closing is included except: missed section 341 meetings; amendments to schedules; adversary proceedings; any motions including to reopen, avoid judgment liens, for enlargement of time; any contested matter including but not limited to objections to exemptions, motions to dismiss; attending rule 2004 examinations; reviewing documents that we did not specifically request from you; appearance other than bankruptcy court.                                                                                                                                                                 |
| Flat fee. With "flat fee", rather than hourly, you know in advance your entire cost unless additional work is required and it usually is cheaper, but you may choose to pay for our services billed hourly at \$75 -\$450/hour, and pay in advance a security retaier, which may cost you more, or less than a flat fee. Advance Payment Retainer. Payments on flat fee or hourly become our property on payment and are deposited into our operating account, not into a client trust account. We will only refund unearned fees You may enter into a security retainer agreement with another law firm: we will not because you may lose funds held in our trust account which may be assets in a Chapter 7.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Termination</b> . If you decide not to proceed, delay, fail to respond, fail to pay my attorneys or provide all information & sign my petition according to this schedule, I agree that Geraci Law may discontinue work and charge me for the work done to date at hourly rates shown above. We will only refund fees not earned. <b>Wisconsin</b> : We will submit any unresolved dispute about the fee to binding arbitration within 30 days of receiving written notice of the dispute. You may file a claim with the Wisconsin Lawyers' Fund for Client Protection if the we fail to provide a refund of unearned advanced fees. If you dispute the amount of the fee and want that dispute to be submitted to binding arbitration, you must provide written notice of the dispute to Geraci Law within 30 days of the mailing of the accounting. If we are unable to resolve the dispute to the satisfaction of you within 30 days after notice of the dispute from the client, we shall submit the dispute to binding arbitration.                                                                                                                                                                                                                       |
| Time matters: You agree: to fully cooperate with us and provide all information required; use Client Corner and not to cause excessive work; that more than one attorney or staff will work on your file—there is no extra charge for the entire Geraci Law Team, unlike single attorney "law firms". Change in circumstances: This flat fee is based on the facts you told us. If that changes, your fee may change. Exemption laws only protect a limited amount of property. File Chapter 13 if you have property not claimed as exempt, or risk turn over "non-exempt" property to a Trustee. No guarantee of Discharge Creditors or others may object to a chapter 7 discharge of certain debts or to any discharge, for a variety of reasons. Debts not discharged: studen loans; educational debts and tuition; most tax debts; undisclosed debts; maintenance or support; fines; fraud, stealing or intentional injury claims, debts after filing including HOA dues; other debts listed in your green folder as usually not discharged. No discharge if you don't take the 2nd educational course. I will not transfer or acquire any property or incur any credit or debt before filing, and I must make full disclosure of all income, expenses, debts |
| Davis 3 18717 Kell-Harolic X (Joint Debtor)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Attorney for the Debtor(s), Representing Geraci Law L.L.C. rev 161112                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

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# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

Kelli Renee Hardia / Debtor

Bankruptcy Docket #:

Judge:

#### **VERIFICATION OF CREDITOR MATRIX**

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Dated: 04/10/2017 /s/ Kelli Renee Hardia

Kelli Renee Hardia

X Date & Sign

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<sup>\*</sup> Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property: Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.

#### UNITED STATES BANKRUPTCY COURT

# NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly- addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

#### 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days <u>before</u> the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

#### 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

#### Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are

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Form B 201A, Notice to Consumer Debtor(s)

In re Kelli Renee Hardia / Debtor

Page 2

found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

### <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

#### Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

#### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

#### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

| Dated: 04/10/2017 | /s/ Kelli Renee Hardia     |   |  |  |
|-------------------|----------------------------|---|--|--|
|                   | Kelli Renee Hardia         | • |  |  |
| Dated: 04/10/2017 | /s/ Jon Kurt Clasing       |   |  |  |
|                   | Attorney: Jon Kurt Clasing | • |  |  |

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Document Page 53 of 60 Kelli Renee Hardia Dehtor 1 Case Number (if known) Middle Name Last Name Part 6: Answer These Questions for Reporting Purposes 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) What kind of debts do 16. as "incurred by an individual primarily for a personal, family, or household purpose." you have? No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. Are you filing under No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and Do you estimate that after administrative expenses are paid that funds will be available to distribute to unsecured creditors? any exempt property is excluded and administrative expenses Yes. are paid that funds will be available for distribution to unsecured creditors? 1-49 18. How many creditors do 1,000-5,000 25,001-50,000 you estimate that you **50-99** 5,001-10,000 50,001-100,000 owe? 100-199 10,001-25,000 ☐ More than 100,000 □ 200-999 \$0-\$50,000 19. How much do you □ \$1,000,001-\$10 million □\$500,000,001-\$1 billion estimate your assets to **\$50,001-\$100,000** □ \$10,000,001-\$50 million □\$1,000,000,001-\$10 billion be worth? \$100,001-\$500,000 □ \$50,000,001-\$100 million □\$10,000,000,001-\$50 billion ☐ \$500,001-\$1 million ■ \$100,000,001-\$500 million ☐More than \$50 billion \$0-\$50,000 20. How much do you □ \$1,000,001-\$10 million □\$500,000,001-\$1 billion estimate your liabilities **550,001-\$100,000** ☐ \$10,000,001-\$50 million \$1,000,000,001-\$10 billion to be? \$100.001-\$500.000 □ \$50,000,001-\$100 million □\$10,000,000,001-\$50 billion □ \$500,001-\$1 million □ \$100,000,001-\$500 million ☐ More than \$50 billion Part 7: Sign Below I have examined this petition, and I declare under penalty of perjury that the information provided is true and For you correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Official Form 101

Executed on : 41/0 /2017

Signature of Debtor 2

MM / DD / YYYY

Executed on

### Case 17-11313 Doc 1 Filed 04/10/17 Entered 04/10/17 15:27:10 Desc Main Document Page 54 of 60

| Fill in this in           | formation to iden | tify your case:                     |             |
|---------------------------|-------------------|-------------------------------------|-------------|
| Debtor 1                  | Kelli             | Renee                               | Hardia      |
|                           | First Name        | Middle Name                         | Last Name   |
| Debtor 2                  |                   |                                     |             |
| (Spouse, if filing)       | First Name        | Middle Name                         | Last Name   |
|                           |                   | r the : <u>NORTHERN</u> District of |             |
| Case Number<br>(If known) |                   |                                     | <del></del> |
|                           |                   |                                     |             |

### Official Form 106 Dec

### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below                                                                   |                                                                                               |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| Did you pay or agree to pay someone who is NOT an attorney to h              | p you fill out bankruptcy forms?                                                              |
| Yes. Name of Person                                                          | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
|                                                                              |                                                                                               |
| Under penalty of perjury, I declare that I have read the summary ar correct. | schedules filed with this declaration and that they are true and                              |
| Signature of Debtor 1                                                        | Signature of Debtor 2                                                                         |
| Date : 1 10 12017<br>MM / DD / YYYY                                          | DateMM / DD / YYYY                                                                            |
|                                                                              |                                                                                               |

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| Debtor 1                               | Kelli                                                                                             | Renee                                                                              | Hardia                                                           | Case Number (if known)                                                                                                                          |  |  |  |  |
|----------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
|                                        | First Name                                                                                        | Middle Name                                                                        | Last Name                                                        |                                                                                                                                                 |  |  |  |  |
|                                        |                                                                                                   | ove applies. Go to Part 12.                                                        | ails below for each business.                                    |                                                                                                                                                 |  |  |  |  |
| 8                                      | titutions, creditors,                                                                             |                                                                                    | you give a financial statemen                                    | nt to anyone about your business? Include all financial                                                                                         |  |  |  |  |
|                                        | No.<br>Yes. Fill in the deta                                                                      | ails.                                                                              |                                                                  |                                                                                                                                                 |  |  |  |  |
| _                                      |                                                                                                   | Date is:                                                                           | sued                                                             |                                                                                                                                                 |  |  |  |  |
| Part 12                                | Sign Below                                                                                        |                                                                                    |                                                                  |                                                                                                                                                 |  |  |  |  |
| ansv<br>in co                          | vers are true and co                                                                              | orrect. I understand that mak<br>inkruptcy case can result in f<br>1519, and 3571. | ing a false statement, concea<br>ines up to \$250,000, or impris | ts, and I declare under penalty of perjury that the ling property, or obtaining money or property by fraud conment for up to 20 years, or both. |  |  |  |  |
| 30000000000000000000000000000000000000 | MM / DD /                                                                                         | _/2017<br>                                                                         | Date<br>MM                                                       | / DD / YYYY                                                                                                                                     |  |  |  |  |
| Didy                                   | you attach addition                                                                               | al pages to Your Statement o                                                       | of Financial Affairs for Individ                                 | luals Filing for Bankruptcy (Official Form 107)?                                                                                                |  |  |  |  |
| <b>■</b> !                             |                                                                                                   |                                                                                    |                                                                  |                                                                                                                                                 |  |  |  |  |
| Did                                    | Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? |                                                                                    |                                                                  |                                                                                                                                                 |  |  |  |  |
|                                        | No                                                                                                |                                                                                    |                                                                  |                                                                                                                                                 |  |  |  |  |
|                                        | Yes. Name of pers                                                                                 | on                                                                                 |                                                                  | Attach the Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119).                                              |  |  |  |  |

Entered 04/10/17 15:27:10 Desc Main Case 17-11313 Doc 1 Filed 04/10/17 Page 56 of Onber (if known)\_\_\_\_\_ **Decument** Kelli Debtor 1 First Name Last Name Middle Name ☐ No Lessor's name: ☐ Yes Description of leased property: Lessor's name: ☐ No Yes Description of leased property: Lessor's name: ☐ No ☐ Yes Description of leased property: Lessor's name: ☐ No Yes Description of leased property: Lessor's name: □ No ☐ Yes Description of leased property: Lessor's name: ☐ No ☐ Yes Description of leased property: Part 3: Sign Below Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease. Signature of Debtor 2 Date \_Dated: \_

Official Form 108

Record # 742075

Statement of Intention for Individuals Filing Under Chapter 7

MM / DD / YYYY

### Case 17-11313 Doc 1 Filed 04/10/17 Entered 04/10/17 15:27:10 Desc Main DISCLAIMER Descriptions have read agree:

- 1. Divorce or family support debts to a spouse, ex-spouse, child, guardian ad litem or similar person or entity in connection with a separation agreement, divorce decree or court order are not dischargable. Priority support debts must be paid in full in your Chapter 13 or it cannot be confirmed. DEBTS YOU AGREED TO ASSUME IN MARITAL SETTLEMENT AGREEMENTS are NON-DISCHARGEABLE if your ex-spouse files an adversary complaint, and the Judge rules that (a) you do not have the ability to pay the debt OR (b) discharging such debt would result in a benefit to you that outweighs the detriment to ex-spouse or your child. You agree to get advice in writing from your divorce attorney and send to us with copy of agreement. You must list any ex-spouse or spouse as a creditor. No guarantee any divorce debt is dischargeable. Property you are still on title to, or have a right to in a divorce, may be taken by a Bankruptcy trustee in a Chapter 7 and sold, or may be disposable income in a 13.
- 2. Student loans and educational benefits are not discharged in Chapter 7 or 13 if government insured loan or owed to non-profit school unless you pay us to file a complaint within the bankruptcy to prove repayment would be an "undue hardship", and win. Interest on student loans continue, to run while you are in a Chapter 13.
- 3. Cosigners, joint applicants, debts of persons other than debtor, debts incurred during marriage in community property states, or for family support are not discharged and joint, community or co-signers are not protected from collection unless you pay 100% of the debt. Creditors can collect from co-signors and put your bankruptcy on their credit report, and report them negatively to credit bureaus. You may prevent this by making the regular payments to the creditor. Creditors can liquidate collateral of your co-signer and refuse to continue payment in installments. Property you are joint on with other persons can be LIQUIDATED to pay your creditors.
- 4. TAX DEBTS. Most taxes are not discharged in bankruptcy. However, income tax debt (1040 type tax) can be discharged if the following four rules are met:

  (1). The tax return was DUE at least 3 YEARS (plus extensions) before the filing of your bankruptcy case. (2). You FILED your income tax return at least 2 YEARS before your bankruptcy was filed. (You did not file a return if the tax authority or IRS had to file one for you, or if you didn't send the return to the District Director) (3). You did not wilfully intend to evade the tax. (4). The tax must have been ASSESSED over 240 DAYS before the bankruptcy filing. We recommend you meet with the IRS or state department of revenue to make sure all the conditions have been met, before you hire us or file a bankruptcy. Fraudulent taxes and taxes on unfiled returns can be discharged in a Chapter 13 case. Time in an offers in compromise, & time in bankruptcy plus 6 months, will extend the above time periods. Employers' share of FICA & FUTA is dischargeable, but not trust fund taxes like the employee's funds or sales tax.
- 5. Fines, traffic tickets, parking tickets, penalties to governmental unit are not discharged in Chapter 7, may not be discharged in 13 without full payment.
- 6. Non filing spouse: If you file individually, your spouse is not our client. Only your debts are discharged. If you want to protect a non-filing spouse, pay their bills or file a joint case with them. Family expenses (medical bills, rent and necessities may be collected from a non-filing spouse). Wisconsin, community property is liable for community debts. 7. DUI PERSONAL INJURIES, DEBTS YOU DON'T LIST are not discharged.
- 8. DEBTS where creditors successfully object to discharge may survive Creditors, the Trustee, or Court, can try to deny discharge based on many factors,
- a. Income sufficient to pay a percentage of your unsecured debt. b. Failure to keep books and records documenting your financial affairs. c. Luxury purchases or cash advances within 60 days of filing or without intent or ability to repay. d. Debts you made by false pretenses, breach of fiduciary duty, wilful and malicious injuries to others e. Benefit overpayments like aid or unemployment if a determination of fraud has been made before or during bankruptcy. f. Failure to appear at meetings, court dates, or co-operate with the Trustee.
- 9. INTEREST ON NON-DISCHARGEABLE DEBTS in a Chapter 13 continues to accrue, and CREDITORS WHO DO NOT FILE CLAIMS in your Chapter 13 plan within 90 days (180 days for governmental units) of the meeting of creditors, do not get paid. Your plan and their claim should provide for interest at contract rate, or you will have to pay the debt outside the Chapter 13 plan. Property taxes must be paid by you directly to avoid sale for delinquent taxes.
- 10. LIQUIDATION OF REAL AND PERSONAL PROPERTY. If you file a Chapter 7, any property that is not listed and claimed exempt on Schedule C pursuant to state or federal law is taken and sold by the trustee to pay creditors. You agree to assume the risk that your property will be taken and sold by the bankruptcy trustee (at or less than what it is worth) if we can't protect it under applicable state law. You get a discharge, but the trustee can take property not listed and exempted on schedules B and C and sell it for whatever price will provide some benefit to creditors.
- 11. CHANGE IN LAWS. Laws & court cases change constantly. We can file your case today if you pay us in full (some attorneys give credit, we don't) pay the filing fee and sign your petition in our main office. ANY DELAY either in hiring us, or after, IS YOUR REPSONSIBILITY. ADVERSE RULINGS Judges that sit in adjoining courtrooms can rule differently on the same facts. We can predict but can't guarantee a judge will or will not rule against you. You accept the risk of a judge ruling against you, as in any lawsuit.
- 12. PAYMENTS TO CREDITORS YOU PREFERRED to pay more than \$600 in front of others, within 1 yr if a relative or insider, or within 90 days if another creditor, so don't pay off debts to keep credit cards or protect others. TRANSFERS OF PROPERTY within 4 years that made you unable to pay your debts at the time can be reversed by a Trustee and the transferee will have to give back the property you transferred.
- 13. SURRENDER OF PROPERTY Bankruptcy gets rid of debts, but real estate, condos and time shares remain in your name until a foreclosure sale or the lender accepts a deed in lieu of foreclosure. Turn condo keys over to condo association or remain liable for assessments after filing, and make sure you keep buildings & land insured and maintained and secured until it is taken back by lender or out of your name. If you let a house go vacant and pipes explode or someone gets killed in there you may be liable.
- 14. RIGHT TO RECEIVE inheritances, tax refunds, injury claims, compensation of any kind, insurance or realty commissions, are property of the bankruptcy estate and you will surrender these to the trustee unless they are claimed exempt on Schedule C, and no objection to your claim of exemption is upheld. Do not deduct extra money from taxes so you are entitled to a refund, change your W-9 if necessary.
- 15. JOINT ACCOUNT HOLDERS holders entire amount in the account could be taken by the trustee under Chapter 7.
- 16. MARRIED COUPLES GOING THROUGH DIVORCE: We have been advised to seek independent counsel for our bankruptcy. We understand that Peter Francis Geraci does not represent us with regard to any divorce matters and does not make any representations regarding what will happen in divorce court. We have decided to file a bankruptcy together dispite the fact that we are getting a divorce and our interests could be adverse. We have agreed to cooperate with each other in this joint bankruptcy.
- 17. AUTO LEASES & INSTALLMENT AGREEMENTS to purchase things, leases and almost all contracts will be void after bankruptcy. They are "executory contracts", and if they are of no benefit to the bankruptcy estate and not assumed within 60 days of filling, they are void. Debtors have been warned of this, and unless there is a novation under state law, or agreement not to use bankruptcy to void the contract, the debtors rights under the contract are extinguished. Debtor agrees to be responsible for obtaining such agreements or losing rights under such contracts. Debtor agrees that his or her attorney will not file motions to assume such contracts.
- 18. Setoffs if you have money in a credit union or creditor account, or other loans that cross-collateralized, any money or property may be taken for both loans. The Undersigned have read the above & assume the risk that a debt is not discharged in bankruptcy, that our non-exempt property will be taken and sold by the bankruptcy trustee if it can't be protected, that the trustee might object if I/we have excess income, or change in State, Federal or Bankruptcy laws before the case is filed in Court AND WE HAVE TO READ, CHECK, & MAKE SURE OUR PETITION IS ACCURATE!!!!

| Dated: <u>4 4/0</u> /2017 | Hell Hresha        | X Date & Sign |
|---------------------------|--------------------|---------------|
|                           | Kelli Renee Hardia |               |

Record # 742075 Asset Disclosure Page 1 of 1

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# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

Kelli Renee Hardia / Debtor

Bankruptcy Docket #:

Judge:

#### **VERIFICATION OF CREDITOR MATRIX**

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Dated: 4 1 /0 /2017

Kelli Karda Kelli Renee Hardia

X Date & Sign

<sup>\*</sup> Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property: Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.

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| De                                          | btor 1          | Kelli                                  | Renee                                                                                                                                                             | Hardia                                                   | Cas                  | e Number (if kno | νn) _ |                           |             |                                        |             |
|---------------------------------------------|-----------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------|------------------|-------|---------------------------|-------------|----------------------------------------|-------------|
| ******                                      |                 | First Name                             | Middle Name                                                                                                                                                       | Last Name                                                |                      |                  |       |                           |             |                                        |             |
|                                             |                 |                                        |                                                                                                                                                                   | ·                                                        | Det                  | umn A<br>otor 1  |       | Colum<br>Debto<br>non-fil | 2000 NEODOS | a                                      |             |
| 8.                                          | Unem            | ployment comp                          | pensation                                                                                                                                                         |                                                          |                      | \$0.00           |       |                           | \$0.00      |                                        |             |
| ***************************************     | Do по           | t enter the amou                       | unt if you contend that the amount red<br>urity Act. Instead, list it here:                                                                                       | ceived was a benefit                                     |                      | 40,00            |       | <u></u>                   | 40.00       |                                        |             |
|                                             | For y           | ou                                     |                                                                                                                                                                   |                                                          |                      |                  |       |                           |             |                                        |             |
| NOOD AND AND AND AND AND AND AND AND AND AN | For ye          | our spouse                             |                                                                                                                                                                   |                                                          |                      |                  |       |                           |             |                                        |             |
| 9.                                          | Pensi<br>benef  | ion or retireme<br>fit under the Soc   | nt income. Do not include any amour<br>cial Security Act.                                                                                                         | at received that was a                                   |                      | \$0.00           |       |                           | \$0.00      |                                        |             |
| 10                                          | Do no<br>as a v | ot include any be<br>victim of a war c | er sources not listed above. Specify<br>enefits received under the Social Sec<br>rime, a crime against humanity, or int<br>y, list other sources on a separate pa | urity Act or payments received<br>ernational or domestic |                      |                  |       |                           |             |                                        |             |
| •                                           | 10a             |                                        |                                                                                                                                                                   |                                                          | _                    | \$0.00           |       | \$                        | 0.00        |                                        |             |
|                                             |                 |                                        |                                                                                                                                                                   |                                                          | \$                   | 0.00             |       |                           | \$0.00      |                                        |             |
| www.www                                     | 10c. T          | otal amounts fro                       | om separate pages, if any.                                                                                                                                        |                                                          |                      | \$0.00           |       |                           | \$0.00      |                                        |             |
| 11                                          |                 |                                        | current monthly income. Add lines 2 total for Column A to the total for Co                                                                                        |                                                          |                      | \$4,822.55       | +     |                           | \$0.00      | = [                                    | \$4,822.55  |
| F                                           | Part 2:         | Determine                              | Whether the Means Test Applies to Y                                                                                                                               | ou                                                       |                      |                  |       |                           |             |                                        |             |
| 12                                          |                 | _                                      | nt monthly income for the year. Follow                                                                                                                            | •                                                        |                      |                  |       |                           | i           |                                        | ·····       |
|                                             | 12a.            | Copy your tota                         | I current monthly income from line 11                                                                                                                             |                                                          | Co <sub>l</sub>      | by line 11 here  |       |                           | 12a.        | <u></u>                                | \$4,822.55  |
|                                             |                 |                                        | (the number of months in a year).                                                                                                                                 |                                                          |                      |                  |       |                           | 4           | ç::::::::::::::::::::::::::::::::::::: | x 12        |
|                                             | 12b.            | The result is yo                       | our annual income for this part of the                                                                                                                            | form.                                                    |                      |                  |       |                           | 12b.        |                                        | \$57,870.60 |
| 13                                          | . Calcu         | ılate the mediai                       | n family income that applies to you.                                                                                                                              | Follow these steps:                                      |                      |                  |       |                           |             |                                        |             |
|                                             | Fill in         | the state in whi                       | ch you live.                                                                                                                                                      | IL                                                       |                      |                  |       |                           |             |                                        |             |
|                                             | Fill in         | the number of p                        | people in your household.                                                                                                                                         | 3                                                        |                      |                  |       |                           |             |                                        |             |
|                                             | To fin          | d a list of applic                     | illy income for your state and size of hable median income amounts, go onlum. This list may also be available at                                                  | ine using the link specified in t                        | he separate          |                  |       |                           | 13.         |                                        | \$76,406.00 |
| 14                                          | . How (         | do the lines cor                       | npare?                                                                                                                                                            |                                                          |                      |                  |       |                           |             |                                        |             |
|                                             | 14a.            | x Line 12b is le<br>Go to Part 3.      | ess than or equal to line 13. On the to                                                                                                                           | o of page 1, check box 1, The                            | re is no presumptic  | n of abuse.      |       |                           |             |                                        |             |
|                                             | 14b.            |                                        | nore than line 13. On the top of page and fill out Form 122A-2.                                                                                                   | 1, check box 2, The presumpt                             | ion of abuse is dete | ermined by For   | n 12  | 2A-2.                     |             |                                        |             |
| F                                           | art 3:          | Sign Belov                             | v                                                                                                                                                                 |                                                          |                      |                  |       |                           |             |                                        |             |
|                                             |                 | By signing here                        | e, I declare under penalty of perjury the                                                                                                                         | at the information on this state                         | ement and in any at  | tachments is tr  | ue ar | nd corre                  | ct.         |                                        |             |
|                                             |                 |                                        | all dadi                                                                                                                                                          |                                                          | ŕ                    |                  |       |                           |             |                                        |             |
|                                             |                 | <del>/`</del>                          | Kelli Renee Hardia                                                                                                                                                |                                                          |                      |                  |       |                           |             |                                        |             |
|                                             |                 | Date:: 4                               | <u>/</u> <u>/</u> <u>/</u> /2017                                                                                                                                  |                                                          |                      |                  |       |                           |             |                                        |             |
|                                             |                 | If you checked                         | line 14a, do NOT fill out or file Form                                                                                                                            | 122A-2.                                                  |                      |                  |       |                           |             |                                        |             |
| www.www                                     |                 | If you checked                         | line 14b, fill out Form 122A-2 and file                                                                                                                           | it with this form.                                       |                      |                  |       |                           |             |                                        |             |

Form B 201A, Notice to Consumer Debtor(s)

In re Kelli Renee Hardia / Debtor

Page 2

found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

### <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

#### Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

#### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

#### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

Dated: 4 / 1/10 /2017

Kelli Renee Hardia

X Date & Sign

Dated: \_\_\_/\_/\_/2017

Attorney: Jon Kurt Clasing

Record # 742075